Voyage 1 Limited

Tudor Rose

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Tudor Rose is a residential care home for up to five younger adults living with a learning disability or autism. At the time of our inspection there were four women living at Tudor Rose. The service, which is a detached house is located close to the town of Alton.

At our last inspection we rated the service good overall, but requires improvement in the key area of effective, with no breaches of the regulations. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Processes, training and systems were in place and operated effectively to ensure people were kept safe from the risk of abuse. Risks to people had been assessed and measures taken to manage any potential risks to people.

There had been issues with staff recruitment, but the provider had taken appropriate action to address this for people and there were sufficient staff rostered to meet people's needs. The provider operated robust recruitment procedures.

People's medicines were safely managed by trained staff. There were processes in place to protect people from the risk of acquiring an infection. Incidents were reviewed, and any required improvements were made to reduce the risk of re-occurrence for people.

People's needs were assessed, and the delivery of their care was underpinned by relevant guidance. Technology was used to enhance people's experience of the care provided. Staff had the skills, knowledge and experience to deliver people's care.

People were supported by staff to make choices about their meals. Staff worked both within and across organisations to ensure people received effective care. Staff supported people to meet their healthcare needs. People's needs were met by the design of the premises. People were supported to make their own decisions and, where people lacked the capacity to make a decision, legal requirements were met.

People were treated with kindness, respect and compassion by the staff who provided their care. People were supported to express their views and to be actively involved in making decisions about their care. People were supported to maximise their independence.

People contributed to the planning of their care. Staff supported people to undertake activities that were socially and culturally relevant to them. People had access to a wide range of opportunities including

voluntary work. Processes were in place to enable people or their representatives to raise any issues or concerns about the service.

The provider had a clear set of values which underpinned the delivery of people's care by staff. These included; empowering, together, honesty, outstanding, and supportive. There was an experienced registered manager in post to run the service.

The views of people, relatives and staff about the service had been sought and used to improve the service. Processes were in place to monitor the quality of the service provided and to identify areas for improvement which were acted upon for people. The service worked in partnership with relevant agencies for the benefit of people.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service has improved to good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Tudor Rose

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 12 October 2018 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection, we spoke with two people and had brief interactions with the other two people who lived at the service, we also spoke with three relatives. We observed how staff interacted with people during the provision of their care.

We spoke with two care staff, a registered manager from one of the provider's other services and the operations manager. On the second day of the inspection the registered manager, who was on leave, came into the service and met with us.

We reviewed records that included two people's care plans, two staff recruitment and supervision records and records relating to the management of the service.

Good

Is the service safe?

Our findings

We observed that people appeared relaxed and comfortable with staff who they approached freely. People's feedback included, "Safe in care of staff," "Good staff" and "Get same agency." Relatives feedback included, "Staff are aware of the risks to [person]." "[Person] is always safe in the care of staff." "The financial systems in place are robust." "Definitely staff give the tablets on time." "It is a lovely house. It is clean."

Staff had undertaken the provider's required safeguarding adults training and had access to relevant guidance. Safeguarding information was displayed for people in a pictorial format to support their understanding. Staff understood what safeguarding was and their role in relation to protecting people from the risk of abuse. Staff had also undertaken equality and diversity training, to ensure they understood the types of discrimination people might potentially experience based on their protected characteristics as defined under The Equality Act 2010. Where required the registered manager had reported relevant incidents to the local authority as the lead agency for safeguarding for consideration under multi-agency safeguarding procedures.

Potential risks to people had been identified and assessed, involving people where possible. For example, a person had been involved in their risk assessment for transport. Staff demonstrated a good understanding of the potential risks to each person and how these were to be managed. Permanent staff had completed training to enable them to manage any challenging behaviours and there was always a permanent member of staff on each day shift. Staff could also access management assistance at any time of day or night if required. Processes were in place to ensure the environment was safe for people and that relevant safety checks were completed.

There had been issues with staff vacancies. However, the provider's assessed level of staffing for the service, in addition to the additional one to one hours commissioned for one person, had always been met, with bank and agency staff. Relatives overall, understood that whilst the situation had not been ideal, the provider had taken all reasonable measures to fill the vacant posts and to book regular agency staff where possible, to ensure continuity for people.

Relevant recruitment checks had been completed upon staff prior to their offer of employment. These included checks upon staff's identity, conduct in previous roles, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines from trained staff whose competency to administer their medicines had been regularly assessed as per good practice guidance. People's medicines were ordered as required and stored safely. Staff did not make assumptions about people's medicines needs based on their learning disability. For example, one person was supported to take one of their medicines themselves, to promote their independence and this practice had been risk assessed. Staff administered people's medicines in accordance with the guidance on their medicine administration record, which they signed to provide a complete record.

We found the service to be clean and well kept. Staff had completed relevant infection control and food hygiene training and had access to personal protective equipment and guidance as required. Processes were in place to ensure the safe handling and storage of food. People and staff were observed to wash their hands as required before preparing food.

Staff understood what incidents they should report and the processes to do so, including the provider's whistleblowing policy. Processes were in place to report and review safety incidents and any required actions had been taken to ensure people's future safety. Learning from any incidents had been shared with staff to reduce the risk of repetition.

Good

Is the service effective?

Our findings

The service was effective. A person said, "I enjoy the food - you get lots of food here." Relatives told us, "Staff are well trained." "[Person's name] is well monitored health wise" and "They help [person's name] monitor her weight."

At our last inspection we rated this key question as requires improvement as further work was required. Previously, the outcome of applications to deprive people of their liberty and the underpinning rationale was not always clear, however, at this inspection, we found this issue had been addressed.

Staff had undertaken training on the Mental Capacity Act 2005 which determines how decisions should be made when a person is assessed as lacking the capacity to make a specific decision. They had also received training on the Deprivation of Liberty Safeguards, which is the framework for authorising people to be deprived of their liberty. We found people were supported to make their own decisions and where people lacked the capacity to make a specific decision legal requirements were met.

Deprivation of Liberty applications were underpinned by the relevant processes to identify what restrictions were in place, why and the person's ability to consent to them. Where applications to the supervisory authority to authorise the deprivation of a person's liberty had not been authorised, records demonstrated how the use of restrictions had been minimised, to ensure they no longer amounted to the person being deprived of their liberty.

People's physical, mental health and social care needs had been holistically assessed. Their care and support were provided in accordance with relevant legislation and good practice guidance. People had been supported where they wished, to use 'Skype' to enable them to communicate face to face, with their family and friends. This had enabled them to experience an enhanced quality of interaction with their families and friends.

Staff undertook an induction to their role and completed the industry standard induction the 'Care Certificate' if they were new to care. Staff also completed the provider's required training in addition to training relevant to the needs of the people accommodated. This included training in: epilepsy, autism, diabetes and Makaton. Makaton is a language which uses signs and symbols to help people communicate non-verbally. Staff received regular supervision and an annual appraisal of their work, to enable them to reflect upon their achievements across the course of the year.

People were involved in the weekly meal planning and shopping and exercised choice about the foods they ate. Staff encouraged healthy eating and fresh fruit and vegetables and healthy options were promoted. People who wanted to, were involved in food preparation with staff support and supervision, which they clearly enjoyed. People's risk of choking had been assessed and managed. Staff monitored people's weight regularly and there was guidance for staff to follow to ensure people maintained a healthy weight.

Staff worked together to ensure people received co-ordinated care between services. For example, people

had a healthcare passport, which provided important information about the person staff would need to know if the person was to be admitted to hospital. We saw one person had required a procedure in hospital. Staff had prepared an easy read guide to the process for them to explain what was going to happen, and enable them to understand, using pictures.

Staff supported people to meet their day to day healthcare needs. People had a health action plan that outlined the support they required to enable them to maintain good health and had an annual medical review of their healthcare needs and medicines to monitor their health.

People had chosen how to furnish and decorate their bedrooms and were consulted about the decoration of the communal areas. People had access to personal and communal spaces within the service and to secure outside space.

Good

Is the service caring?

Our findings

People told us there were, "Good staff" and "Yes staff are kind." Relatives feedback included, "Staff are caring," "They get lots of choices," "[Person's name] is extremely well looked after," "[Person] is happy there" and "[Person's name] cannot wait to get back after holidays."

Staff were observed treating people with kindness and compassion. We saw people enjoyed relaxed, friendly, unrushed interactions with staff. A person told us how much they missed both the people and staff at Tudor Rose if they were away for a holiday. Staff showed concern for people's welfare and a relative reported how well staff had supported their loved one with a procedure they had undergone.

We saw permanent staff communicated with people using Makaton, where appropriate. All but one member of staff had been trained in its use both through formal training and training from people who used the service. The remaining staff member was due to undertake Makaton training shortly. Some relatives felt that as agency staff could not necessarily use Makaton to communicate with people this was not ideal. However, permanent staff were allocated on each shift, to ensure there was always a member of staff who could communicate with people using this method. With the planned return of absent staff and recruitment of new staff who would undertake Makaton training, this was being addressed.

People had a decision-making profile which provided staff with information about how to provide people with information about decisions. For example; what was the best way to give the person choices, how to help the person understand, what was the best time of day for the person to decide and the best environment.

People were encouraged by staff to express their views at their own pace and to be involved in making decisions about their care. A person told us that staff listened to them and enabled them to do what they wanted to do. Another person confirmed they had chosen the colours and furnishings for their bedroom.

We observed staff continually provided people with choices across the course of the inspection, such as what they wanted to eat, where they wanted to go and how they wanted to spend their time. We observed people being supported by staff to plan and write their own shopping lists and activity schedules, to promote their independence.

Staff were sensitive to people's needs and preferences to have time to themselves and we saw people chose where to spend their time. A person confirmed they were able to have their own space and time to do what they wanted. We noted doors were shut for the provision of any care.

The registered manager told us a person who communicated non-verbally had identified to staff they wanted to increase their range of communication methods. Staff had referred them to the relevant health professional who had enabled them to access a communication aid, which they could use to communicate with non-Makaton using friends or agency staff. This person was now able to communicate with family, friends and staff, using their communication aid and a variety of software applications on their iPad, in

addition to using Makaton. They now also attended a service user group forum where they were able to communicate their views. This intervention had increased their independence, participation and representation.

Good

Is the service responsive?

Our findings

People and relatives felt the service was responsive. A person confirmed to us there was, "Plenty to do." Other feedback included, "We get activities" and "Going out today." Relatives told us, "They go for horse riding," and "[Person's name goes to church weekly and works there." They also said, "There are regular reviews" and "Any issues we have raised have been addressed."

People received care that was individualised, and which reflected their needs and preferences. People were involved in their care planning and decisions about their care wherever possible. For example, a person's records demonstrated staff had used pictures to ask a person whether they wanted a television in their bedroom. People's care was reviewed monthly with them through the key working system. This enabled them to sit down with their allocated staff member and review progress in relation to their personal goals and objectives. People, their families and relevant professionals were also invited to an annual review of their care.

People's care plans reflected their personal history, interests and aspirations. Their, 'This is me' form reflected; where they came from, favourite things, how they liked to spend their time, things they found funny, and what annoyed them. People's social history reflected their personal accomplishments. Staff had access to a one-page summary prolife of people, which we saw agency staff reading before they began to work with people. This ensured they had access to essential information about the person, upon which to base the provision of their care.

People lived very full and active lives both at home and in the local and wider community. Each person was supported to plan their own weekly activity schedule with staff support. The activities people participated in reflected their interests. For example, one person told us how much they enjoyed swimming, whilst two other people were supported by staff with their voluntary roles in the community. People used local community facilities such as the library, the cinema and attended a local church and church social groups if they wished. People also attended social events with people from the provider's other local services, which enabled them to maintain friendships.

Staff supported people to access the community using the service car, on foot and by public transport. On the first day of the inspection two people chose to visit one town for shopping and another person chose to go somewhere different. People determined the structure to their day.

In addition to regular events, people had participated for the past two years in 'Race for Life' fund-raising events for cancer research. This had enabled the women who lived at the service to join with other local women and participate in this national event. Their families confirmed to us they had been invited. A relative told us, "We were invited to attend the 'Race for Life' and we are invited to the annual Carol service at the church." People had community presence both on a day to day basis and at local and national events.

Staff recognised people's individual communication needs and ensured that all information was provided in a format that was accessible to them and met their needs.

People had been provided with appropriate information in a format they could understand about how to make a complaint and they could raise any issues either as they arose or at their monthly keyworker meetings. Although no complaints had been received from people, relatives reported they felt able to raise any issues if they needed to and that they would be addressed.

Due to the age and health status of the people living at the service, it was not appropriate for staff to offer end of life care planning.

Good

Is the service well-led?

Our findings

People felt the service was well-led one person told us, "Nice manager" and another said, "The manager is good." A person told us they had missed the registered manager whilst they had been away on leave.

The service had a long standing and experienced registered manager in post. 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. The registered manager had ensured that statutory notifications of significant events at the service had been notified to the Care Quality Commission for review as legally required. People's records were stored securely.

Staff understood their role and responsibilities. On each shift, one of the staff was delegated to plan and lead the shift for people. We observed the shift lead liaising with and instructing other staff about their duties on the first day of the inspection, to ensure they were clear.

The registered manager was well supported in their post, both by their line manager, the operations manager and by their fellow registered managers who supported each other and covered each other's services if one was away on leave, for example.

The provider had a clear set of values which underpinned the delivery of people's care by staff. These included; empowering, together, honesty, outstanding, and supportive. The registration and running of the service reflected the requirements of the Care Quality Commission's guidance on services for people with a learning disability - 'Registering the Right Support.' We saw staff worked with people to support and empower them to lead lives of their choosing.

Staff told us the service was a good place to work and they felt well supported by both the registered manager and the operations manager. A staff member told us "[Name of registered manager] is a good manager and understanding" and "She will come and help."

The views of people, relatives and staff about the service had been sought and used to improve the service. The last annual service review completed in December 2017 sought the views of people, relatives and staff. Feedback was positive and where issues had been raised people were provided with feedback regards the actions taken in response to their comments. People's views and input on the service were also sought through their individual reviews, keyworker meetings and regular house meetings.

There were internal and external processes in place to regularly monitor a range of aspects of the service. External checks included; the operational managers audits, the quality team and finance audits, and the pharmacist's audits. The last audit by the provider's quality team had been completed in September 2018 and the service had scored highly. Any required actions identified were added to the service's action plan and there was evidence to show that items identified were actioned for people. For example, staff who

needed to complete their training on how to support people through challenging behaviours had done so. The registered manager also provided the operations manager with a weekly report, to enable them to maintain oversight of any emerging issues with the service.

The service worked in partnership with commissioners and relevant agencies to ensure people received the care they required. They shared appropriate information as required with relevant agencies for the benefit of people, such as for example, people's health passports.