Voyage 1 Limited

Rossendale Road

Inspection report

198 Rossendale Road
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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

This inspection took place on 13 October 2016 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Rossendale Road was last inspected by CQC on 11 September 2014 and was compliant with the regulations in force at that time.

Rossendale Road provides care and accommodation for up to 13 people with an acquired brain injury. On the day of our inspection there were 12 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Staff had been trained in safeguarding vulnerable adults. Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service were complimentary about the standard of care at Rossendale Road. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into Rossendale Road and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The registered provider had an effective complaints policy and procedure in place.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members, healthcare professionals and staff were regularly consulted about the 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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and appropriate risk assessments were in place.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People had access to their own kitchen and were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Rossendale 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 registered 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 13 October 2016 and was unannounced. This meant the staff and registered provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with two people who used the service and a health care professional. We also spoke with the registered manager and three members of staff.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Rossendale Road.

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also helps to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels consisted of at least eight members of staff on during the day, including a team leader or senior staff member, and two staff on waking night duty. Staff we spoke with told us there was plenty of staff on duty. They also told us if agency staff were used, they always tried to get the same staff for continuity reasons. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

The home is a two storey building and entry was via a locked door. All visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. All bedrooms had ensuite shower and toilet facilities. Appropriate hand hygiene signs and liquid soap were in place and available in bathrooms. The service's infection control file included a copy of the registered provider's infection control policy and procedure, up to date copies of cleaning schedules and mattress checks, and a risk assessment.

We looked in the laundry, which we were told had been recently decorated. Each person had an individual laundry basket and red bags were available in people's bedrooms for any soiled laundry. Appropriate hand washing facilities were available in the laundry. This meant people were protected from the risk of acquiring infections.

Risk consideration indexes were completed for each person's support guideline and recorded whether there was an identified risk following the support guideline interventions. If a risk was identified an additional risk assessment was completed. For example, we saw a risk assessment had been completed for one person for an outing they were taking part in. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in

Care Homes (2014).

Equipment was in place to meet people's needs including hoists, profiling beds, bed rails, wheelchairs and call alarms. We saw this equipment was checked on a weekly basis.

Portable Appliance Testing (PAT), gas servicing, electrical installation and Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. The service had a fire alarm procedure, fire risk assessment and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. Checks of firefighting equipment were carried out on a monthly basis. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

The registered provider's electronic case management system recorded any accident, incident or safeguarding related incident. The registered provider had an accident/incident flow chart in place and report forms were completed for each accident or incident. Accident and incidents were reviewed by the provider's senior management team.

We looked at the safeguarding file and saw a copy of the registered provider's safeguarding policy and procedure, which provided clear guidance for staff on identifying potential abuse or harm, how to prevent abuse or harm, how to respond and reporting procedures and referrals. The file also included copies of safeguarding notification alert forms and a notification log for each person who used the service. The registered manager attended the local authority's safeguarding champion workshop on a quarterly basis. The registered manager and staff we spoke with were aware of their responsibilities. We found the registered provider understood safeguarding procedures and had followed them.

We looked at the management of medicines and saw what the provider did to protect people against the risks associated with the unsafe use and management of medicines.

Medicines were stored in locked trolleys inside the treatment room. Medicines requiring cold storage were kept in a fridge and room and fridge temperatures were checked and recorded to ensure medicines were stored at the correct temperature. Controlled drugs were stored inside a locked safe inside a locked cabinet. Controlled drugs are drugs that are at risk of misuse. A controlled drugs register was kept and all administration records were signed by two members of staff.

People had medicine administration records (MAR) in place. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The MARs included an up to date photograph of the person, details of the person's GP, medical diagnosis, any allergies the person had, pharmacy details and a list of the person's medicines.

People had medicines procedures in place, which described how medicines were stored and the procedure staff were to follow to administer medicines to the person. For example, one person had their medicines taken out of the cabinet, checked to ensure they were correct and then taken to the person. Staff would then peel the lid off the pot and hand it to the person, who would empty it into their mouth. The person was then given a drink. People also had PRN, as required, medicine support guidelines in place.

Records included self-administration assessment forms, which were used to assess the person's ability to self-administer their own medicines. Questions included whether the person experienced confusion, whether they understood the importance of their medicines and whether they could open, pick up and take their medicines.

Medicines audits were carried out monthly and also completed as part of the registered manager's quarterly audit.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People told us, "I'm well looked after" and "It's a good place". A healthcare professional told us, "I believe that in my experience the quality of the service is exceptional."

Mandatory training is training that the registered provider thinks is necessary to support people safely. Mandatory training included acquired brain injuries, equality and diversity, fire safety, first aid, infection control, food safety, health and safety, infection control, manual handling, medication, mental capacity, nutrition and safeguarding. The registered manager was able to run a report from the provider's electronic training record. This showed training compliance for the staff at Rossendale Road in a red, amber, green format. We saw the majority of staff were up to date with their training. The electronic training record also included certificates of the courses attended by staff. Staff we spoke with told us they received sufficient training for their role and their training was up to date.

New staff completed an induction to the service, which included an introduction to the workplace, health and safety, training and development and a workbook to complete. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

A healthcare professional told us, "The staff team at 198 Rossendale Road are friendly and approachable whilst maintaining a professional demeanour at all times."

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions were signed and dated by the staff member and supervisor however we saw one appraisal had not been signed and dated. We brought this to the attention of the registered manager who agreed to action as soon as possible.

People had "Maintaining a healthy, balanced diet and fluid intake" support guidelines in place, which recorded the support people needed at meal times to maintain a healthy diet. We saw one person identified as being at risk of choking and had been referred to the Speech and Language Therapist (SALT), who had provided the service with specific guidance to reduce the risk and promote a healthy diet. This guidance was referred to in the support guideline. Food diaries recorded what people had eaten and what fluids they had taken. People were supported to access the kitchen and assistance was provided as required.

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. The application 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. DoLS were in place for the people who needed them and the appropriate notifications had been submitted to CQC. The DoLS file included copies of applications made to the local authority, copies of authorisations and notifications. People had DoLS support guidelines in place. These described why the DoLS was in place and what support people needed, for example, with decision making or support in the community.

People had decision making profiles, which described why the person needed support, how the person liked to be given information and presented with choices, ways to help the person understand and the best time for making decisions. People who required them had DoLS in place and the decision making profiles described how family members were involved in decision making for people.

People's care records described how people were involved in writing their support guidelines and signed to say they agreed with the record. One person had declined to take part in their support guidelines and it was recorded, "[Name] has been asked if he wanted to participate in the writing of this plan but declined. When the plan was completed it was read to [Name] and asked if he would like to add anything or if he agreed with what was written."

Care records included communication plans, which described how people who used the service were able to communicate. The communication plans described the person's current skill and support level in communication and what their support needs and rehabilitation goals were. We saw one person was able to talk but used hand gestures instead of talking. Staff were reminded to encourage the person to talk.

Health folders contained records of appointments with healthcare professionals such as GPs, opticians, chiropodists, district nurses, dietitians, physiotherapists and speech and language therapists. Health action plans recorded who the person required assistance from.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. Corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home.

Good

Is the service caring?

Our findings

People who used the service were complimentary about the standard of care at Rossendale Road. They told us, "I appreciate them all" and "They look after me only too well".

People we saw looked comfortable with staff and we saw staff talking to people in a polite and respectful manner. All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported.

Care records described how people had been involved in making decisions and choices about their care. For example, "[Name] will let staff know when he wants to get up", "[Name] likes to attend to their personal care about 19:00hrs, this helps [Name] relax and gives [Name] time to prepare for bed", "Speak clearly to me and involve me in decision making" and "I like to have a shower in the morning and require lots of verbal encouragement and prompting from staff to complete this task". People we spoke with told us, "I can get up and go to bed when I want" and "I get to choose what I eat and do". A healthcare professional told us, "The care provided by the staff team is personal centred and is based around the needs of the individual." This meant people were able to make choices about their care and support.

Care records described how people's privacy and dignity was to be maintained. For example, "[Name] to be covered with a towel as appropriate to maintain his privacy and dignity" and "Maintain [Name]'s privacy and dignity at all times". Staff we spoke with told us, "We constantly get told don't forget to knock" and "It's all about these guys doing what they want to do". This meant that staff treated people with dignity and respect.

Care records described how people wanted to maintain their independence and what staff should do to support the person in this area. For example, "Prompt me to do things for myself" and "Encourage me to be independent and complete tasks when I can". Staff we spoke with told us, "Some [people who use the service] can use showers themselves. We can leave them to it" and "It's about promoting their independence and getting them back to a normal life".

People's support guidelines described how staff were to promote people's independence. For example, in one person's personal care support guideline it stated, "[Name] knows how to complete the tasks though does require to be prompted to complete the task. It is important that when supporting [Name] that you encourage [Name] to complete as much of his personal care as he can do and do not de-skill [Name]."

People had goals set for them, which helped to promote the person's independence and help them regain the ability to look after themselves where possible. One person's goal was to prepare their own lunch three times per week. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and social occasions in people's bedrooms.

We discussed advocacy with the registered manager. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us four of the people who used the service had advocates due to not having family members available to assist them.

"Last wishes" support guidelines were in place for people, which included an attached information sheet recording the person's religion, name of priest, vicar or holy man, any cultural wishes, who to contact if the person became ill, the person's end of life wishes, including burial and funeral plans. All of this information was in an easy to read format. This meant people had been able to be involved in planning their end of life care.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they moved into Rossendale Road. This ensured staff knew about people's needs before they moved in.

Each person's care record included important information about the person. For example, social history, significant people and health professionals in the person's life, interests, education and religious or cultural needs. The person's one page profile described what was important to the person other records described what a good day or night was for the person, and what leisure activities the person enjoyed taking part in. We saw that these had been written in consultation with the person who used the service and their family members.

Support guidelines were in place for people and included personal care, diet, medication, mobility, emotional and behavioural support, activities, mental capacity and finances. Each support guideline described how the person was involved in writing the guideline, skills or elements the person could contribute to the support area and why the person needed support. The plans provided guidance to staff on how to support the person in the area, what not to do and a risk rating for before and after the support guideline was implemented.

People's mobility and physical assistance support guidelines described in detail the requirements and procedures to be followed to assist people with their mobility. These included when support was needed, what type of support and how many staff were required to carry it out, any additional equipment required and level of risk. Guidance provided by physiotherapists was included with the support guidelines and described the reasoning behind the task, the role of the person and staff, and any hazards and risks.

Personal care checklists were completed daily and included whether the person had been in the shower, had their hair and body washed, had oral care carried out and whether they had been given a shave.

A healthcare professional told us, "The documentation system in place seems to be efficient and plentiful whilst being simple to use and find out information."

People's activity and leisure interests were recorded in the care records. For example, "[Name] enjoys participating in varied arts and crafts, baking, gardening, dominoes and board games." Activity checklists recorded what activities the person had taken part in, why it was chosen, what the outcome was and what support was needed.

"Engaging in activities and developing my social network" support guidelines described how people were involved in planning their activities. For example, one person had completed an activity planner for seven days, which included cleaning, laundry, communication skills, physio, group games, memory games, cooking and accessing the community. We also saw the person enjoyed bowling, rides out in the minibus

and going to the cinema.

The home had a dedicated activities room and we saw evidence of arts and crafts on display. There was also a games room, which included a pool table, table football, DVDs, Wii, a dartboard and a punch bag. This meant the registered provider protected people from social isolation.

The provider's concerns, complaints and compliments procedure was displayed prominently on walls and notice boards throughout the building. The provider's complaints policy described the definition of a complaint and the responsibilities of staff. Each complaint was recorded in the complaints book and included the details of the complainant, details of the complaint, action taken as a result of a complaint and copies of letters and correspondence with complainants. This showed the registered provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was open and inclusive. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "[Registered manager] is very supportive. She's always supported me", "Lots of support", "It's a good company, very fair" and "I absolutely love it".

Staff were regularly consulted and kept up to date with information about the home and the registered provider. We saw records of staff meetings. The most recent meeting had taken place in September 2016 and included discussions on staffing, vacancies, changes to the service, safeguarding, policies and procedures and any other business. Staff were also kept up to date via regular supervision sessions.

We noted that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

The registered manager carried out a quarterly audit of the service, which was reviewed by the operations manager and an action plan was put in place for any identified issues. We saw a copy of the most recent action plan, which included what action the registered manager had taken and the date the action was completed by.

The registered provider carried out an annual service review. The most recent review had taken place in April 2016 and included an action plan for any identified issues. For example, it was identified that not all the staff had a good understanding of the deprivation of liberty safeguards (DoLS). The registered manager's response stated training was ongoing with new staff, documentation was given to all staff and DoLS was discussed in staff meetings.

Annual questionnaires were given to people who used the service, family members, visiting healthcare professionals and staff. The questionnaire for people who used the service was in an easy to read format. We saw 23 of 59 questionnaires sent out in May and June 2016 were returned. The questionnaires were based on the five CQC domains and included the environment, staff, activities, menus, care planning and safety. Any issues were identified as areas for development. For example, more external activities and menu planners to be completed with individuals were identified as areas of improvement. We discussed these with the registered manager who told us these areas for development had been actioned. For example, activity planners were now in place for all the people who used the service and people were going out more frequently on personal outings.

Additional comments were included on some of the questionnaires. We saw comments from family members included, "Thankful to staff for supporting relative to have home visits" and "Very happy with the support from Voyage, family member is being looked after well".

Staff we spoke with told us house meetings used to take place for people who used the service but hadn't worked very well. Instead, feedback was obtained from people via one to one key worker sessions, which took place monthly. These included a questionnaire and people were asked to comment on food, activities, holidays and the décor of the premises.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.