

Voyage 1 Limited

Roselea

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

Roselea is a care home registered to accommodate up to 12 people with a range of learning and physical disabilities. The accommodation includes self-contained flats on the top floor for people who are able to live more independently. Nine people were using the service at the time of our inspection.

This inspection was unannounced. This meant the provider did not know we would be visiting.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last comprehensive inspection in January 2015 we found, a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always received the necessary training to meet people's health needs. We rated the service overall as 'Requires Improvement' at that time. The provider sent us an action plan telling us the action they would take to make the required improvements. We carried out a focussed inspection in July 2015 and saw those improvements had been made. We were able to change the overall rating of the service to 'Good' as a result of that inspection.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Why the service is rated good.

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were sought and they were involved in making

decisions about their care and support. People were supported to maintain relationships with family and friends. People's independence was promoted.

The service was responsive to people's needs. People received person centred care and support. Staff monitored and responded to changes in people's needs. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. The registered manager and senior staff maintained a clear focus on continually seeking to improve the service people received. A comprehensive quality assurance system was in place. This system was based upon regular, scheduled audits which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Roselea

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 26 April 2017. The inspection was carried out by one adult social care inspector and was unannounced.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We contacted four health and social care professionals involved with the service and asked them for some feedback. Their comments have been incorporated into this report.

Some people were able to talk with us about the service. Not every person was able to express their views verbally. We did not use our Short Observational Framework for Inspection session (SOFI 2) tool. SOFI 2 is a specific way of observing care to help us understand the experience of people who cannot tell us about their life in the home. This was because we felt it was not possible for us to observe without influencing what was going on. We therefore, spent time interacting with people and staff in order to observe how they were cared for.

We spoke with six staff, including the registered manager, deputy and four support workers. We looked at the care records of four people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

People we were able to talk with told us they felt safe. We observed people receiving support and saw they reacted positively to staff and seemed relaxed and contented with them. Health and social care professionals told us they felt people were kept safe.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Easy read information was available and on display, this provided people with a clear explanation of what to do if they felt they had been subjected to any abuse. The provider had appropriately raised safeguarding alerts in the 12 months before our inspection. On each of these occasions the provider had taken the appropriate action. This included sharing information with the local authority and the Care Quality Commission (CQC).

The provider also had a whistle blowing policy and procedure. This policy protected employees against detrimental treatment as a result of reporting bad practice. Staff we spoke with were able to describe 'whistle blowing' and knew how to alert senior management about poor practice.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. People using the service had very different needs. For example, one person went out independently and others required staff support at all times when going out. The individual risks people faced and how they were to be minimised had been carefully assessed and planned for. Staff told us they had access to risk assessments in people's care records and ensured they used them. Talking with staff it was clear they had a good knowledge and understanding of people's risk assessments and the measures required to keep them safe. Risk assessments and management plans were regularly reviewed by senior staff, with the involvement of other professionals where required.

The service had emergency plans in place to ensure people were kept safe. These plans included information on finding alternative accommodation for people if they needed to evacuate their home. This plan had been implemented when localised flooding had occurred in the area. As a result, people had been kept safe and their needs met during the flood. They also included individual emergency plans to meet people's medical needs and to assist them to evacuate in the event of a fire. Staff had a good understanding of these plans.

The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. For example people's risk assessments and support plans had been reviewed following accidents and incidents. All incidents arising from, or resulting in, anxiety or distress for people were reviewed by the registered manager and reported to the provider's behavioural therapist.

Financial procedures were in place and followed by staff to safeguard people's monies. These included regular checks to ensure balances were correct and reconciliation to ensure expenditure was accurately recorded and, that money had been spent appropriately and in accordance with the person's individual finance plan.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. We looked at staff rotas and saw staffing was arranged in accordance with people's assessed needs as detailed in their care plans. Staff told us there was a strong staff team with less experienced staff working with experienced staff to gain confidence and skills. The service employed bank staff to cover for planned and unplanned staff absence. The registered manager was able to increase the staffing as needs changed and use staff flexibly to plan activities for people. During our visit we saw there was enough staff to safely meet people's needs.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

There were clear policies and procedures for the safe handling and administration of medicines. These were followed by staff and meant people using the service were safe. Medicines were securely stored and records of administration were kept. Staff had received training on administering medicines. Following this training the registered manager assessed the ability of staff and signed them off as competent to safely administer medicines. Some people were prescribed 'as required' medicines. These were to be administered when people needed them for medical emergencies, pain relief or to reduce anxiety. Clear plans were in place to ensure staff knew when and how to administer these. For example, two people required emergency medicines to be administered by staff when needed. Staff were able to explain to us the process for doing this and, how both the medicine and plan for giving it was taken with people when they went out.

The provider had an infection prevention and control policy in place. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons. Staff had received training in infection control. The registered manager monitored infection control measures to ensure people's safety.

Is the service effective?

Our findings

People received an effective service that met their individual needs.

People we were able to talk with said their needs were met. When spending time with people we saw staff met people's needs effectively. This included identifying when people required personal care or support and were not able to ask, as well as interacting with people and engaging them in activities.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider had comprehensive policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All staff had received training on MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding. The registered manager and staff had confidently made use of the MCA to ensure people's needs were met and their human and legal rights sustained.

One person had suffered from a suspected heart attack in November 2016. At that time they had been very resistant to being examined by medical professionals. Immediately following this, staff had worked with other professionals to assess the person's capacity to make decisions regarding medical treatment. As a result of this assessment it was determined they lacked the capacity to make such decisions and, a process of best interest decision making was undertaken to decide how the person should be supported with this. This resulted in a decision that it was in their best interest for a 'clinical hold' to be used if they required urgent medical assistance. Staff worked with behavioural specialists to identify an approved hold to restrain them long enough for assistance to be given. Approval for this was sought through the submission of a DoLS application. Once approval from the appropriate authority was received, individual guidelines were agreed and staff were trained by professionals to use the approved hold. This meant if the person requires urgent medical treatment, staff were lawfully able to restrain them in their best interests, long enough for treatment to be given.

The provider had submitted applications for DoLS authorisations for a number of people. This was because they lacked capacity to make a particular decision and their liberty was being restricted. This was often

because they required constant supervision to ensure their safety. These applications had been submitted to the appropriate authorities in a timely manner. Best interest decision making was used effectively to ensure any restrictions were minimised and appropriate. A system was in place to monitor the progress of these applications, which included dates any had been authorised and when they would lapse. This meant the provider was able to manage this process to ensure people would not be deprived of their liberty without the correct authorisation being sought. Clear records were kept of consultation and reviews with the relevant person's representative (RPR) where authorisations had been received. The manager understood they needed to submit a notification to CQC whenever a DoLS authorisation was received.

We viewed the training records for staff which confirmed staff received training on a range of subjects. Staff received training in core areas such as keeping people safe from harm and first aid, with some staff receiving training in specialist areas such as caring for people with diabetes, epilepsy awareness and the administration of emergency medicines, working with people with autism and positive behavioural support. Staff said they had received the training required to carry out their roles effectively.

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015.

Staff were supported to complete Health and Social Care Diploma training. Senior care staff were expected to achieve level 3 diploma training with other staff achieving level 2. Training records showed staff either held or were working towards these qualifications. Health and Social Care Diploma training is a work based award achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff received regular individual supervision. These were one to one meetings a staff member had with their manager. Staff members told us they received regular supervision. Staff records showed these were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff said they found their individual meetings helpful. Annual appraisals of staff performance were carried out and staff told us these contributed to their career development as well as helping them to improve their performance.

Staff supported people to plan their own menus, shop for food and participate in the preparation of meals. People chose every Saturday what they wanted to eat for the week ahead and shopped to purchase the items. Laminated picture cards of different meals were used to assist people in choosing menus. The menus were varied and included a number of choices throughout the week. We observed staff offering people food and drink and saw they took care to encourage people to make their own choices and decisions. Where people needed assistance with eating and drinking this was documented in people's care records. There were individual plans to guide staff on how to support people with eating and drinking. These included plans to minimise the risk of choking and to ensure people ate sufficiently and drank enough fluids.

Care records documented how people's needs were met. Some people using the service had complex needs and required individual care and support to meet their communication and health needs. Some people also needed care and support to help them when experiencing anxiety and distress. Individual plans were in place for these areas and specialist input from other professionals had been obtained. People's care records contained information on hospital appointments and communication with healthcare professionals.

Is the service caring?

Our findings

People we were able to talk with told us they felt staff were caring. Comments included; "The staff are good, they're kind, I've no complaints" and, "I like all the staff, they're good".

The atmosphere in the home was calm and relaxed. We saw people were treated in a caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people. People sought the company of staff and responded to them positively, often with smiles, which showed they felt comfortable with them. We saw a number of positive interactions and saw how these contributed towards people's wellbeing. Activities were not rushed and staff worked at the person's own pace.

Staff recognised and promoted the involvement of family and friends. One person told us about their family and friends and how they maintained contact with them. People's care records detailed how people were supported to do this. This included supporting people to visit family and maintaining regular contact. People who did not have any direct involvement from family members were supported to access advocacy services.

Staff worked to ensure people were as involved in the planning of their care and support as possible. Where required and appropriate, family, friends or other representatives advocated on behalf of the person using the service and were involved in planning care and support arrangements. People received a service based upon their individual needs. People's needs were assessed in relation to what was important to the person and what was important for the person. This meant the service was planned and delivered taking into account what people needed and what they wanted.

The provider had a keyworker system in place. This involved an identified staff member having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met. Keyworkers met regularly with people and recorded their views. Care plan reviews involving the person and, where appropriate, their family were carried out regularly. These reviews were based upon the views of people, their family, other professionals and staff close to them. They provided an update on how their needs had been met and identified new objectives for the person.

In addition to individual care plan reviews, meetings were held with people as a group to seek their views regarding their care and support. The minutes of meetings showed people were asked about activities, menus, their views on staff and the maintenance and cleanliness of the house. The minutes of the meeting included pictorial representations to make them easy to read and were written using easy to read language.

Staff respected people's privacy and maintained their dignity. Before entering people's rooms staff knocked on their doors and either waited to be invited in, or if they were unable to respond verbally, left an appropriate amount of time before entering. People's bedroom doors and doors to bathrooms and toilets were closed when people were receiving care. Staff showed a good understanding of the need to maintain confidentiality. One staff member said, "It's important for us to remember not to talk about people in front

of others. Confidentiality is important and must be respected".

Personal relationships and sexuality was viewed by staff as an integral part of people's rights. They had worked with other professionals to support people with this. This had resulted in clear support guidelines being drawn up to ensure people were not at risk of exploitation and, training being provided for people to increase their knowledge regarding their rights and responsibilities.

Promoting people's independence was a theme running through people's care records. Guidance was included for staff on how to work alongside people providing coaching to carry out activities themselves. Staff told us they saw this as a key part of their role.

The provider had an up to date policy on equality and diversity. Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Talking with staff it was clear they understood the values of the service and, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs.

People's care and support was planned proactively and, wherever possible, in partnership with them. The service used a range of person centred planning tools to assess people's individual needs and plan to meet those needs. These tools included; a one page profile summarising how the person should be supported, an assessment of things important to and important for the person, a breakdown of a good day for the person, a relationship map showing those important to the person and a communication profile giving information on the person's communication needs. Information on how people had been involved in developing these was included in people's care records. Staff told us this information provided a good overview of people's likes, dislikes, hobbies and interests.

A person centred review was held on an annual basis with each person to review progress and set objectives. These reviews were comprehensive and involved people identified on their relationship map as important to them. There was evidence of these reviews being planned to ensure the maximum involvement of people in the planning of their care and support. To achieve this, staff had considered the most appropriate venue and time of day for the meeting. They had also taken into account the style of meeting that would best suit the person. For example, a formal structured meeting or, a discussion based less formal meeting. An easy read record of each individual meeting was in place.

These annual reviews had resulted in positive outcomes for people. One person had been supported to obtain specialist footwear following referral to a physiotherapist. This led to an increase in their mobility and opportunities to engage in activities outside of the home. Following their person centred review, another person had been supported through a process of best interest decision making that resulted in them taking a holiday. Staff had worked with them using communication aids, yes and no cards, to make a decision regarding this. As a result, it had been determined they were unable to make the decision themselves. The person required additional two to one staff support and this, along with the holiday costs meant the holiday would be expensive. Staff liaised with other professionals and the person's family to make a decision on whether it was in their best interests to go on the holiday. The final decision was that it was and the holiday was booked for later this year.

People's changing needs were monitored and their health needs responded to promptly. One person's care records showed a noticeable decrease in aggression from February 2017. The deputy manager explained staff had implemented new guidelines on how to respond to certain behaviours by them. They said this was the result of careful observation and documentation of the person's mood, exploration of their physical health and communication with behavioural specialists. The guidelines showed these investigations had resulted in a change of approach, as it was felt their behaviour was a way of communicating they required staff support and were not able to verbally express this. We saw staff had been trained to implement the new guidelines and, that the person's care records did evidence a decrease in incidents.

At other times care staff had identified when people were unwell and contacted people's GP's and other

health and social care professionals when required. As a result people had received assistance from a wide range of professionals including; occupational therapists, speech and language therapists, physiotherapists, community nurses, social workers and behavioural support specialists. We saw support plans had been put in place as a result of this and were implemented by staff. Health and social care professionals commented positively regarding staff support to people.

People were involved in a range of individual activities. Each person had a weekly plan of regular activities. Activities were based upon people's hobbies and interests and their likes and dislikes. On the day of our inspection one person was undertaking voluntary work at a local garden centre, three people had gone out with staff and others were engaged in various activities at the home. People spoke enthusiastically about the activities they were involved with. One person told us they were an assistant church warden at the local church. They said, "There is more than enough going on for me, I go out on my own and work at the Church. I've got to know lots of people around here". Staff said there were enough activities for people and felt they were enough resources including; staff, transport and money for people to engage in activities both within the home and in the local community.

When people engaged in new activities, staff recorded whether the person had enjoyed the activity and what had gone well and not so well. This allowed staff to learn more about activities people enjoyed and adapt the activity and support provided to suit the person's preferences

People had an easy to read complaints procedure in their 'Handbook'. Records of comments and complaints were held at the service. We looked at the completed complaint records and it was evident that complaints were taken seriously and responded to appropriately. Following a recent complaint, staff had worked with one person to amend their activity schedule. This had been done to avoid busy times at a certain venue. Staff had dealt with this issue sensitively. They had taken the complaint seriously and made changes. However, they had also identified it as a learning opportunity for the person and fully involved them in deciding how to respond and avoid any reoccurrence.

Staff had responded quickly and effectively when localised flash flooding had affected the home in June 2016. This had resulted in two people's rooms being unsuitable for use. One person was supported by staff at another location with the facilities to meet their needs. Another moved to a vacant flat in the upstairs of the building. Staff liaised with all relevant agencies and plans have been put in place to reduce the likelihood of reoccurrence and, ensure a consistent response if it does happen again.

Is the service well-led?

Our findings

People received a service that was well-led.

They were supported in a person centred manner and encouraged to be as independent as possible. Throughout our inspection we found the registered manager and senior staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and, people using the service promoted in the best possible light.

The management structure was clear and effective. The registered manager was assisted by a deputy manager and received support themselves from an area manager. The deputy and registered manager had both worked for the provider at Roselea for a number of years. This meant they knew people well, had developed a good knowledge of the provider's systems and processes, maintained effective and supportive relationships with other professionals and, were able to provide consistent leadership and management. Both were undertaking their Level 5 Diploma in the leadership and management of health and social care and saw this as an opportunity to enhance the service provided to people.

People told us they liked the registered manager and senior staff and were able to talk to them when they wanted. Staff spoke positively about the management and felt the service was well led. They said, "(Registered Manager's name) has high standards, which is great" and, "We're lucky, management here is very good".

Following the flash flooding that had resulted in a disruption to the service provided to people, the registered manager had worked effectively to highlight their concerns to the appropriate people and agencies. This had included the local member of parliament, the water authority and other local residents. As a result the problem had received local press coverage and remedial work had been carried out to lessen the likelihood of a reoccurrence. Throughout this process CQC had been kept informed of progress.

Sophisticated and comprehensive systems were in place to check on the standards within the service. These included weekly checks on areas such as; medication, equipment, care records and health and safety. The registered manager completed a quarterly audit once every three months which was then submitted to senior managers. We saw the audit for the period January to March 2017 had been completed thoroughly.

The area manager also carried out visits every three months which identified any areas requiring action. A 'fresh eyes' audit had also been completed in April 2017. This involved a manager from another of the provider's services visiting and producing a report. The registered manager said these 'fresh eyes' visits were, "Useful for the service because they might identify things that we have become too familiar with to see. I've found I also learn from them when I do them at other services".

A quality and compliance auditor employed by the provider also carried out an annual audit. This audit was based upon the CQC Key Lines of Enquiry (KLOES). An annual service review was carried out by the service,

which centred upon gaining feedback from people, families and professionals. An event was also held where families and professionals were invited to the home. The registered manager said this gave an opportunity for them to, "Look at Roselea in greater depth and discuss concerns or compliments".

These quality systems culminated in the development of a quality development plan. This identified what was working well and what was not. A detailed action plan was then drawn up to ensure any required improvements were planned, progress monitored, success celebrated and any further actions needed identified.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

Staff said they were able to contact a manager when needed. The registered manager told us the provider operated a 24 hour on call service, for staff to contact a senior person for advice, guidance or support. Staff told us the 'on call' system worked effectively and provide the advice, support and guidance they required.

Regular staff meetings were held. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the registered manager to ensure they were completed.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Copies of the most recent report from CQC was on display at the home and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily assess the most current assessments of the provider's performance.

At the end of our inspection feedback was given to the registered manager. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.