

Voyage 1 Limited

Rivers

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rivers is a residential care home providing personal or nursing care for people who have mental health needs, learning disabilities or autistic spectrum support needs. The care home is an adapted residential building, and there were 6 people receiving a service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered for the support of up to 6 people; and the building design was similar to neighbouring large domestic homes. There were deliberately no identifying signs or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and usually in their best interests; the systems in the service supported this practice, although the provider's policy on transport costs did not.

People's best interests were not always identified by the provider; and best interest decision processes were not always in place. For example, there was no evidence that people had given their consent to pay travel charges decided by the provider. The registered manager told us they were supporting people to have the charges reviewed. Following the inspection, the provider told us they intended to review their transport cost recovery policy.

People received support to meet their assessed personal care and development needs; from staff who were well trained and supported by the provider. People were involved in choosing and cooking food they liked, and meal times were social occasions. The care home environment met people's housing needs; and the staff team linked with external agencies to ensure people received the care and health support they needed.

People were kept safe by the provider's procedures and by staff who understood how to protect people from potential abuse. Risks were assessed, and action taken to reduce them when necessary. Staff had background checks carried out when they were recruited, so the provider could be assured of their suitability to support vulnerable people. Medicines were safely managed, and the care home was clean and homely. When incidents happened, the registered manager reviewed them and identified any lessons that could be learned to reduce the chance of recurrence.

Staff supported people with kindness and respect; and people told us they liked the staff. People were involved in making decisions about how their care was provided, and the team supported people to raise issues about things they were unhappy about. Privacy and dignity was respected at all times.

People's support was individualised, and they had access to varied activities of their choice. People's communication needs were met by staff who took the time to explain things to them. Important family links were supported and maintained, and the service had received no formal complaints since the previous inspection.

The service had a positive atmosphere and people were supported to achieve their longer-term goals through a series of planned smaller steps. The registered manager understood how to deal with incidents in an open and transparent way and ensured the necessary notifications to other agencies had been made. The support team understood their roles and were committed to providing a high-quality service for people. The registered manager was linked into other agencies and forums, so they could keep up to date and continue to learn about how services can continue to improve.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

At the previous inspection this service was rated as good (report published 8 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rivers

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rivers is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection visit on 8 January 2020 was unannounced. We returned, announced, on 9 January 2020 to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority care commissioners and external professionals who worked with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and observed interactions between staff and the people they were supporting. We observed a staff care handover meeting and spoke with four members of staff including the registered manager, care workers and operations manager. We spoke with a visiting healthcare professional and reviewed a range of records. This included two people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We obtained feedback from an independent advocate who represented one of the people living at Rivers. We looked at training data, policies and procedures. The registered manager sent the inspector updates to confirm the work that had been carried out immediately following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were recruited safely. The provider had an effective recruitment policy and procedure in place. Staff pre-employment checks had been carried out. However, not all staff records included a full work history. The registered manager told us they would update those records. The provider's recruitment procedures helped to ensure staff were suitable to work with vulnerable people.
- There were enough staff employed to support the six people who lived at the care home.
- People were supported by care staff who had the right mix of skills to meet their needs. There was a consistent staff team, so people were supported by staff they knew well and trusted.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Prior to the inspection, a person had been physically and verbally aggressive towards two other vulnerable people, and staff, at the care home. One of those people told us, "I get fed up, but that's because of [person]. It makes me upset sometimes. The staff keep me safe though." Prior to the inspection the registered manager had liaised with the police, statutory authorities, and health agencies, about finding a more appropriate placement for the person who had been aggressive. Shortly after the inspection, we were notified the person had been moved out of the care home.
- People had positive and trusting relationships with their care staff who understood how to safeguard them from abuse. Staff had received safeguarding training, were aware of safeguarding procedures, and knew how to use them.
- People were protected by the provider's procedures. The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to relevant authorities. These arrangements helped to ensure people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks were managed, and action taken to reduce them. For example, the registered manager identified that when one person became agitated they attempted to harass more vulnerable people who were in the lounge. The registered manager arranged for the lounge to become a safe area, which meant vulnerable people were protected from potential physical harm during periods when a person was agitated and aggressive.
- People's risks were assessed well. The registered manager anticipated the risks faced by people. Care staff understood their role in assessing risks, recognised when risk changed, and revised support plans accordingly.
- People lived in an environment which was safe. Routine health and safety checks were regularly carried out.

- People were supported by staff who knew what to do in an emergency. The provider had a fire risk assessment in place and effective systems to carry out regular fire safety checks. Care staff had received fire safety training, so people could be supported to exit the care home in an emergency.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed; and the provider followed safe procedures for the receipt, storage, administration and disposal of people's medicines.
- Medicines audits were carried out by the provider. This helped to ensure medicines management was safe and the likelihood for error reduced. The registered manager told us they would provide refresher training for some care staff, on how to accurately complete medication records, following a minor recording error identified during the inspection.
- Staff administered medicines safely. Care staff were trained in how to administer prescribed medications, when people required them, and their competence had been assessed, and periodically reassessed, by the registered manager before they were able to give medicines to people.

Preventing and controlling infection

- People were protected from the risk of infection. Hygiene in the care home was maintained without affecting the 'homely' feel of the environment.
- Staff understood how to prevent and control the spread of infections. All staff had completed infection control training. Personal protective equipment, such as disposable gloves and aprons, was available for use. This protected people, and care staff, from an acquired health infection.
- Food was prepared safely. Staff understood the importance of food safety, including hygiene, when preparing or handling food. Required standards and practices were followed, which reduced the risk of infections.

Learning lessons when things go wrong

- Lessons were learned from incidents. The registered manager reviewed incidents to identify themes. These reviews were shared with care staff, and relevant partner organisations.
- Learning was put into practice. For example, the registered manager had immediately put measures in place to protect more vulnerable residents when a person became agitated and aggressive towards them. That had successfully reduced the impact on those more vulnerable people. The registered manager had then shared this information with external agencies as part of a plan to locate a more suitable living environment for one person who presented an ongoing risk to others.
- The registered manager, as part of a multi-disciplinary team; consisting of healthcare commissioners and the local authority social care team, jointly reviewed the situation and worked together to identify a longer-term solution. This joint working was successful and, shortly after the inspection, the person was moved from the care home into a suitable healthcare placement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The MCA was not always followed for people's care. For example, best interest decisions were not always in place. The provider had recently started to charge people for access to the care home's vehicle. The charge was based on each person's entitlement to welfare benefits; and an estimate of how often they used the vehicle. In the case of one person, who lacked the ability to manage their own finances, it was not clear if the arrangement was in their best interest; and whether other transport options had been considered. An external advocate told us they were supporting the person to raise the issue with the local authority, and to request a review of how the provider managed finances on the person's behalf.
- Documents, relating to consent to pay the transport charges, was not sufficiently detailed. The registered manager told us they were already supporting two other people, who managed their own finances, to query the provider's transport charges; because they preferred to use public transport rather than the care home vehicle. There was no evidence they had consented to pay the additional transport charges implemented by the provider. Following the inspection, the provider told us they would review their transport cost recovery policy and they would ensure individual best interest decision processes were carried out before people were charged for the use of care home vehicles.
- Care plans contained details of any DoLS authorisations in place and any conditions associated with them.
- Staff received training, in relation to MCA and DoLS. Appropriate referrals to the local authority DoLS team had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received support which met their needs. Care staff delivered support in line with best practice guidance received from external agencies. The registered manager monitored the effectiveness of the support and ensured the care team took a consistent approach.
- Comprehensive assessments were in place. Assessments informed people's care plans which provided guidance for care staff to follow. When care plans changed, arrangements were in place to ensure all staff read and understood the revised plans.

Staff support: induction, training, skills and experience

- Staff received the necessary training. New care staff worked alongside experienced staff. A staff member told us, "We get training about mental capacity, and other things, as well as lots of online e-learning."
- Staff received the training needed to meet people's needs. We observed care staff using their training and skills to support people effectively and sensitively.
- People were supported by staff with the right competence, knowledge, and skills to carry out their roles. The provider had a training plan to ensure staff were kept up to date with training.
- The registered manager supervised and supported the staff effectively. We observed a staff care handover meeting, and staff told us they had regular supervision meetings.

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

- People's dietary needs were met. Staff had a good knowledge of people's food preferences and the provider had appropriate systems in place to monitor people's diet and weight.
- People enjoyed the food that was provided. People were offered a variety of food and drink and were involved in planning the menu and cooking. Alternatives were readily available if they preferred something else.
- Meals were social occasions. A person told us, "We each have a designated day for cooking the main meals. We all choose what we want on the menu and we take it in turns to cook. We all eat together, it's brilliant." People also went out for meals in the local community, which increased the variety of food and drink options available to them.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively with other services to understand and meet people's needs. For example, people had been referred to community education services as a means of developing their skills and interests; as well as boosting their self-confidence and mental wellbeing.
- People were involved in planning their move from the care home to more independent living arrangements. For example, people were involved in developing their plans to achieve the aim of moving into their own supported living accommodation in the community.

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

- The building met people's housing needs. The care home had been adapted to meet people's needs. For example, people had access to a safe outside space when they wanted to spend time in the garden; and the conservatory was used as a quiet area for people to see their visitors.
- People had personalised their bedrooms. This meant people were enabled to express their creativity by deciding how they wanted their bedroom decorated and furnished.
- Adaptations kept people safe. The kitchen door had a keycode lock so people could only access it, and the equipment/utensils within, when staff were with them. This safety precaution was well managed and, as enough staff were available, we saw no occasions where people had to wait for access.

Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. For example, staff had worked alongside healthcare agencies to support a person to reduce their need for prescribed medicine and to completely recover from a serious long-term condition.
- People were supported to access healthcare services. For example, a person told us, "The staff help me contact the Doctor if I need to. I was in hospital recently for surgery, and the staff went with me. They are polite and nice to be with."
- People were supported to access specialist healthcare services. For example, staff supported a person to access specialist treatment for a sensory impairment. They continued to support the person to follow a complex medicine routine, as a way of slowing further sensory decline.
- Staff prompted people about oral healthcare. The registered manager told us further training was being sought for staff about that issue. Support to maintain oral health is important because of the potential effect on people's general health, wellbeing and dignity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. A person told us, "The staff are all caring. They wouldn't be in this job if they weren't. You can talk to them about anything."
- Staff were compassionate. For example, the staff had supported a person to cope with the bereavement of a close family member and helped them to create a visual reminder of their relative; something which had brought them great comfort.
- Staff cared about the people they supported, as individuals. Staff told us how proud they were of the achievements of the people who lived at the care home.
- There were many positive interactions between people and staff. Staff were attentive, and it was clear from the jovial exchanges, smiles and laughter, that people had developed positive and trusting relationships with staff.
- People's disability support needs were met. The registered manager assessed people's equality and diversity support needs and ensured those needs were considered when planning their support.

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

- People were encouraged to make decisions regarding their day to day routines and express their views about their personal preferences. For example, a person told us they were not happy about paying towards the care home vehicle. They told us, "I'm paying [amount] a month now, but I hardly use it [care home vehicle]. So, I am thinking about getting my own car, which would be cheaper." The registered manager told us they had listened to the person's views and had already begun discussing this with the provider to see if the person could opt out of the existing vehicle charge arrangement.
- Staff understood how people communicated their emotions. They recognised when a person was agitated or tense, and how those emotions were demonstrated. For example, a staff member told us, "When [person] covers their face we now know that means they are starting to get tense about something." Another staff member told us, "When we see [person] starting to get agitated we start trying to distract and de-escalate, and we gradually move other people out of the way; just in case an incident starts."
- Staff helped people to understand the impact of their behaviours on others. We saw staff were skilled at supporting a person to reflect on what may have triggered an incident.
- People's views about the care they receive were listened to. The staff helped people to express their views on the care they received. A person told us, "I have my care plan, and we do it each week with my key worker."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be more independent and learn new skills. The registered manager told us a person had been supported by staff to get a voluntary job and to travel to it independently. The registered manager explained this was a major achievement for the person.
- People's privacy and dignity were respected. A staff member told us, "We only usually prompt people. If someone is having a bath, we just check the water temperature and leave them to it. We are there if they need any help, but they like their privacy, and we respect that."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which met their individual needs. We saw people attended various activities they enjoyed. For example, a person told us, "I went to [Shopping Mall], on the bus and the train. My favourite place to visit is York, and I've been there too". This meant people chose how they spent their time and staff supported them to do so.
- Care plans contained personalised information. They were comprehensive and covered areas such as personal care, health action plans, nutritional needs and activities. This meant care staff knew how to meet people's care needs.
- Staff were attentive to the person's changing needs. A care staff told us, "People do different things, depending on what they want to achieve. [Person] has done really well since being here. They are doing so much more than they did when they first came here." This meant support continued to meet the person's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Communication needs were recorded in people's care plans. Staff took the time to explain things verbally to people, so they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their relatives. People used the care home phone to call their relatives, who also visited them at the care home whenever people wished them to. Staff had supported a person to regain contact with close family members, which was something they had wanted to achieve. Supporting people to maintain contact with their relatives is important and helps prevent social isolation.
- People were supported to access activities in the community. This included trips to local events, shopping, meals out and leisure activities. For example, the staff had supported a person to join a local religious group. This enabled the person to widen their network of social activities.

Improving care quality in response to complaints or concerns

- There was a complaint procedure in place, which staff understood. The provider had received no formal

complaints about the service since the previous inspection.

- People understood how to complain. A person told us, "If I wasn't happy I'd speak to my key worker or manager, or one of the [staff]. I would confide in them." Another person told us, "I would speak with any of them [staff]. I have done that a few times and they have helped me."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service often helped people achieve good outcomes. For example, people were supported to attend a range of different activities in the community. One person had gained both in self-confidence and physical health as a result of the activities they attended. The staff team had worked with the person to provide consistent support and reassurance which helped the person achieve their goals.
- The registered manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care. A staff member told us, "I think we do meet people's needs, we are well trained and help people do lots of things. People tell us what they want to achieve in the long term and we help them with that, step by step."
- The registered manager provided supportive leadership. Staff told us the registered manager was approachable and they felt supported by them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving family members occurred. This ensured relatives were notified of the incident and made aware of the causes and outcome.
- The registered manager ensured the necessary notifications had been made, and understood their responsibility for reporting incidents, injuries and other matters that affected the people using the service. Notifying the CQC of these events is important so we are kept informed and can check that appropriate action had been taken.

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

- All the staff we spoke with understood their roles within the service. The registered manager had a good understanding of regulatory requirements for people's care.
- An effective quality assurance system was in place. The provider carried out regular quality monitoring of the care home and had a continuous improvement action plan in place. That ensured the service generally continued to be good quality.
- The registered manager understood their role in protecting vulnerable people. For example, they had taken immediate action to reduce the risk of physical harm faced by vulnerable people in the care home. They had also raised, with the provider, that the new transport charging policy did not always fit with

people's best interests; and had been working to have the implementation of the policy reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for feedback on the service. The registered manager sent out care satisfaction surveys to residents, families and other agencies. Information from the surveys was then acted on to improve the service where necessary.
- People's equality and diversity characteristics were identified within their care plans. The care plans were available to guide care staff and were supported by the provider's policies.

Continuous learning and improving care

- Lessons were learned from incidents. The registered manager understood the importance of learning lessons, by reviewing issues, to ensure people received good quality care and support. For example, the registered manager had acted to ensure people were kept safe when incidents occurred; and had shared the learning from those incidents with external agencies so a longer-term solution could be identified.
- The service was linked in to local care forums. The registered manager attended local service provider forums, facilitated by the NHS. This helped ensure the service was kept up to date about local best practice issues.

Working in partnership with others

- The registered manager and staff worked in partnership with other professionals and agencies, such as GPs, mental health teams, advocates and community health services, to ensure people received the care and support they needed.
- The registered manager worked in partnership with people and their relatives, through regular communication, to ensure people's views about the care being provided was listened to.