Voyage 1 Limited

9 Rosslyn Cresent

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

We carried out this inspection on 26 November 2015. This inspection was unannounced.

The service met the regulations we inspected at their last inspection which took place on 8 November 2013.

9 Rosslyn Crescent is a care home registered for four people with a learning disability located in the London Borough of Brent. During the day of this inspection the home had two vacancies. The home is part of a national provider Voyage.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The building was not always well maintained and redecorated and some improvements were needed to the maintenance of the décor, furnishings, carpets and window frames.

We found people were cared for by suitably qualified, skilled and experienced staff who knew their needs well. People were supported to follow their own chosen routines and to take part in activities they liked, such as swimming, visiting places of worship, walking and Art.

The service showed good practice in supporting people with their physical and mental health needs and in making decisions for themselves.

The Registered Manager had been trained to understand when applications for Deprivation of Liberty Safeguards (DoLS) authorisations should be made, and in how to submit one. We found the location to be meeting the requirements of the DoLS.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely and staff received training in the safe administration of medicines.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs and staff knew people well. The care plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

A wide range of activities were provided both in-house and in the community. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to maintain contact with friends and family.

The registered manager investigated and responded to people's complaints, according to the provider's complaints procedure.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager which included action planning to make improvements to the service. Staff were supported to raise matters to do with the service when they felt there could be improvements and they told us there was an open and honest culture in the home.

We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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. Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were managed and administered safely and staff received training in the safe storage, administration and disposal of medicines.

Is the service effective?

Requires Improvement

The service was not always effective. The property was in need of refurbishment, carpets were loose which trip hazards were and window frames were rotting.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

Is the service caring?

Good

The service was caring. Care staff demonstrated good understanding of people's care and support needs and knew people well.

People's privacy and dignity was respected by staff and staff gave us examples of how they achieved this.

Staff respected people's different religious and cultural backgrounds and knew how best to communicate with each person.

Is the service responsive?

Good

The service was responsive. People's care plans were comprehensive and they were updated regularly to reflect any changes in their care and support needs. Each person had an individual weekly programme of activity in accordance with their preferences.

People were given information on how to make a complaint and systems were in place to appropriately respond to complaints.

Is the service well-led?

Good

The service was well led. The systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up by Voyage to ensure continuous improvement.

Staff were clear about the standards expected of them and felt able to approach the manager for advice and support. Staff morale was good and the manager ensured staff were both supervised and supported to provide a good standard of care.

9 Rosslyn Cresent

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 checked 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 November 2015. The inspection was conducted by one inspector. Before the inspection, we reviewed the information we held about the service including notifications and concerns received by the Care Quality Commission.

At the time of the inspection there were two people receiving residential care. We used a number of different methods to help us understand the experiences of people using the service, because people were unable to tell us. We spent time observing care in the communal areas such as the lounge and kitchen areas and met with all people receiving residential care. We spoke with two staff members working at the service, and the registered manager.

We looked at both people's care records, three staff files and training records, a month of duty rosters, and the last year's accident and incident records, quality assurance records and maintenance records. We also looked at selected policies and procedures and current medicine administration record sheets (MAR).

Good

Is the service safe?

Our findings

We observed people to be safe. Care workers always reminded people to walk slowly. One person did not use a walking frame in the home and we observed staff supporting this person every time the person stood up and moved around the premises. Care workers told us that all people had risk assessments in place and told us "We are always there to support people and to make sure that people we support are safe."

Staff had received safeguarding adults training and regular refreshers were arranged to ensure staff were kept up to date with new legislation. Staff had access to an electronic learning library called the L-Box, which was monitored by the registered manager. The L-Box enables all care workers and staff working at the service access to a virtual training library. This can be accessed by staff internally or externally and allows staff to undertake their training at the time it suits them. It also provided regular updates if training has been expired or when refresher training was due. This ensured that all staff had access to training and people can be confident that staff was suitably trained to support their needs. Staff demonstrated a good understanding of the signs of abuse and neglect and were aware of what to do if they suspected abuse was taking place. Safeguarding Adults Multi-agency Policies, Procedures and Guidance were available within the home and contained relevant information about how to raise safeguarding alerts including contact details.

Staff were informed about the organisation's whistleblowing policy and staff told us that information about how to raise concerns about poor practice confidentially was provided to them during their induction. All staff we spoke with were clear that they could raise any concerns with the registered manager of the home, but were also aware of other organisations with which they could share concerns about poor practice or abuse, such as the local authority, police or Care Quality Commission.

People's records contained appropriate risk assessments which covered a range of areas. For example, we saw assessments had been undertaken to identify whether people were at risk of falls and when going swimming, accessing the community or going to church. Robust risk management plans ensured people who used the service were protected. Risk assessments had been reviewed and we saw that they had been updated if risk had changed. For example one person chose no longer to use walking aids in the home and the risk assessment has been amended accordingly.

Staff told us that daily handovers were undertaken which summarised people's key needs and any changes or concerns about their wellbeing. We observed one handover meeting during our visit, which confirmed this. This helped to ensure continuity of care and effective communication between staff.

Staff employed to work at the home included a registered manager who was supported by a deputy manager. Care was provided by the registered manager and one care worker. A maintenance person was available to deal with small repair jobs. We observed that the care worker, the registered manager and deputy manager demonstrated good relationships with people and readily engaged with them whilst undertaking their duties, which helped to promote a positive atmosphere within the home.

There was an effective system in place to ensure that staffing levels were monitored, reviewed and adjusted

in light of changes in people's needs and the layout of the building. We looked at the staff rotas for the week of the inspection and the previous three weeks. These showed that staff was sufficiently deployed to meet the needs of people. We also saw that additional staff was rostered to accompany people to healthcare appointments. The registered manager explained that she was able to increase staffing levels if this was required for particular reasons. For example, we saw that additional staff was available to accompany one person to a hospital appointment.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and criminal record checks. Care workers told us that checks had been carried out by the provider's head office and criminal records checks were renewed every three years.

People's medicines were obtained, stored and administered appropriately and safely. Staff had received medicines training provided by the dispensing pharmacy and their competency had been assessed by another registered manager working for the provider who had nursing qualifications. Medicines were stored in the staff office, which was kept locked. We viewed medicines administration records for all people who used the service, which were completed correctly and without errors. We looked at a sample of medicines and checked the stock levels, which were consistent with records viewed.

Requires Improvement

Is the service effective?

Our findings

The registered manager showed us around the property, we saw that carpets had tears and were damaged at various places, which included communal areas as well as people's bedrooms. Both people who used the service had some mobility problems and we judged the damaged carpets could put people at increased risk of falls and trips resulting in unnecessary injuries. We saw that the majority of windows were single glassed wooden window frames. The majority of window frames to the front of the property were damaged and the wood work was rotting. The paint work throughout the property was scratched and damaged and the registered manager told us that the last time the property was redecorated was about ten years ago. Soft furnishing was worn in some areas. People would benefit from new and more comfortable furnishings. The registered manager told us that she raised the above with senior management and it has been documented during the most recent quality review on 17 November 2015. We knew that the provider had commenced updating other properties managed in the local area.

This was a breach of regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Voyage Care Limited had a training programme for staff and the manager kept records of training staff had attended. In their individual supervision session's staff told the registered manager how they would apply what they had learned from their training courses in their day to day work. One staff member told us that they had enough training to do their job and had requested additional training which was provided to them. We saw that bank staff received all the same training as permanent staff. Voyage Care Limited provided all staff with training they needed to support people who have learning disabilities and autism. Induction training for new staff included two weeks "shadowing" experienced staff and training in safeguarding, the mental capacity act, first aid, medicines, health and safety, moving and handling people safely, food hygiene, equality and diversity, learning disability, fire awareness, autism, breakaway and diffusion training and working positively with people who challenge. The provider had started to provide induction training in line with the new Care Certificate; which is the benchmark set in April 2015 for the induction of new care workers; however none of the care workers working at Rosslyn Crescent had commenced employment recently and so had undertaken the old style induction programme. Staff attended refresher training regularly.

We checked three staff files to see if care workers received regular supervision. We found that the registered manager provided regular supervision sessions and discussed staff performance and any improvements needed. The registered manager also observed staff carrying out their duties and gave them feedback about their interaction with people. This was positive as it showed the registered manager was monitoring staff and also encouraged them to continually improve. We saw that where staff had made an error or not followed correct procedures, appropriate action was taken in the interests of the people living in the home. Staff had an annual appraisal to discuss their work, identify their development needs and monitor their performance.

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. Staff had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. People had a care plan in relation to their capacity and abilities to consent. These plans considered how people could be involved in making decisions about their care and who they might like to support them.

The service provided information for people in a format they could understand so that they could make an informed decision, for example a pictorial leaflet about how to raise concerns was given to people. This was good practice in supporting people to make decisions. We also found that best interest meetings were held when an important decision that the person was unable to understand needed to be made, for example whether to have medical treatment and decisions about spending the person's money on a holiday. This process of making decisions in a person's best interests involved people who knew the person well.

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). The Registered Manager was trained to understand when applications for Deprivation of Liberty Safeguards (DoLS) authorisations should be made, and in how to submit one. People in the home were deprived of their liberty. They were unable to leave the home without staff support and were under constant supervisions by scare workers. The reason for this was that people in the home were assessed as being at risk of harm if they went out alone. The registered manager had applied for and received deprivation of liberty safeguards authorisations. When people wanted to go out they could tell staff by gesturing or show them by fetching their coat or taking staff to the front door.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We found that all staff had attended training in positive behaviour support and in breakaway and diffusion training. This training advised staff on how to prevent and manage incidents of aggression. The registered manager told us there had been no incidents where restraint was used in the past six months. This was partly due to the Positive Behaviour Support team working with staff to better meet the needs of a person with behaviour that challenges the service.

There was a strong emphasis on nutrition in maintaining people's wellbeing. Appropriate steps had been taken to identify those people who could be nutritionally at risk. The home had liaised with professionals such as speech and language therapists (SALT) or dietician to inform nutrition plans and manage identified risks such as swallowing difficulties.

We observed that food was varied, healthy and available in sufficient quantities. Options were offered at breakfast, lunch and supper and we saw that drinks were available throughout the day. Fresh fruit was available in the kitchen and we saw people being offered this. We observed lunch and saw that people initially refused the meal choice offered. Staff accepted this decision and offered people an alternative. We saw that the menu was displayed in words and photographs so everybody could see what was on offer that day. There was a book of food photographs in the kitchen so people could point to photographs if they were not able to speak or sign to staff what they wanted to eat. We saw that food reflected people's cultural background.

The home had developed effective working relationships with a number of health care professionals to ensure that people received co-ordinated care, treatment and support including support to manage challenging behaviour and regular hospital appointments for people. People's families were involved in the care and their feedback was sought in regards to the care provided to their relative. We saw that people had

health action plans which stated what support they required to maintain their health and wellbeing. People attended regular appointment to see their GP or optician and dentist to ensure that their health care needs were met. Where necessary action was taken in response to changes in people's needs. For example, we saw examples where staff had identified that people were unwell and had arranged for the person to be seen by their GP.

Good

Is the service caring?

Our findings

We observed three staff members interacting with people who lived at the home. We found that staff spoke to with people respectfully, asked their opinions and offered them choices, for example what to eat and drink. Staff showed they knew each person's preferences in respect of their daily routine. Routines were important to people and staff supported their need to follow their own routine. We observed one staff speaking softly to somebody who was anxious and distracting them away from the source of anxiety by offering cups of tea. We also observed staff supporting one person who had an accidental personal care need and supported the person in private to get washed and dressed.

Where people sometimes behaved in an inappropriate way staff tried to understand what they wanted to communicate. There were written guidelines for staff telling them what a specific behaviour meant for individuals and what message they were trying to give staff. This was good practice as it showed staff trying to understand people's needs instead of merely reacting to their behaviour.

People kept in contact with their family and received regular visits. Relatives were invited to attend care plan review meetings and their views in regards of treatment and care provided was actively sought.

Staff recorded people's religious preferences in their care plans. They supported people to go to their individual places of worship regularly. Staff explained to us that a person liked to attend a religious service weekly.

Staff knew people's cultural backgrounds and provided different cultural foods and the appropriate products for each person's hair and skin needs. We also saw that people were supported to attended and take part in cultural festivals such as St Patricks Day parade and Notting Hill carnival.

The staff team was from a variety of ethnic backgrounds. Care workers working at the home were all female which reflected the gender background of people living at the home. The registered manager ensured staff on duty could meet the needs and preferences of people in the home.

People had some physical disabilities, while the house was not fully accessible for wheelchair users we saw that the person who required the most support lived on the ground floor which was fully accessible to the person. There were pictorial signs where needed, which everyone living in the home could understand. Staff were aware of each person's different communication methods (symbols, signs, some speech and writing) and their preferences about how they liked to be spoken to with and what name they preferred to be called. Staff told us people's preferences so that we did not upset the person by addressing them in a way they disliked.

The registered manager had requested an advocate for people who had difficulty speaking for themselves and had limited family input.

Good

Is the service responsive?

Our findings

The service was responsive to people's individual needs. Each person had a detailed support plan setting out their needs in a person centred way. This meant that the support plans took into account the person as an individual, their abilities, strengths and needs and their wishes.
Each person had a risk assessment and guidelines to support them with their behaviour which challenged the service. Staff followed the guidelines and were able to tell us in detail how they supported each individual. Care plans were based on people's choices and preferences. Each person had a person centred plan, which included pictures to make the plan easier to read and understand for people. The person centred plan detailed people's personal history and their spiritual and cultural needs, their likes and dislikes, activities and information of people who were important to them. This helped to ensure that staff knew the preferences of the people they were caring for and enabled them to be responsive to their needs. We saw that staff knew people very well, for example one person became withdrawn during our visit and staff told us that this happens when the person doesn't know the person.

We saw that care plans provided information about the care and support people needed and how this should be provided. For example, we saw that there was a comprehensive care plan for the management of one person's behaviours which was evidence based and in line with relevant quality standards.

People were involved, where able, in decisions about their care which helped them to retain choice and control over how their care and support was delivered. Care plans were comprehensively reviewed and every aspect of their care and support, including, their dietary preferences, their environment and social activity were assessed.

Staff supported people in the home to go on holiday every year and to do the things they liked on a weekly basis. Staff supported people to do physical activities such as walking, swimming and dancing. People went swimming twice a week. We saw that people went recently to the cinema and bowling. Staff encouraged some people, weather permitting, to go for long walks round a local park. They told us this was to help manage their weight and promote their health. We saw records showing that people also went bowling, out for meals, visiting family and to the cinema. People attended a social club for people with a learning disability every week.

People did no longer attend formal day services as they had been closed. However a music therapist, art therapist and aroma/massage therapist visits the home regularly to provide one to one sessions to people who used the service. All people had weekly pictorial time tables which helped care workers to communicate activities offered with people who used the service.

There had been no complaints recorded in the last year. The complaints procedure was available in people's care plan folders and displayed on the wall in the hallway aimed for people living in the home to understand how to complain. Care workers told us that they would talk to the manager if relatives or people who used the service made a complaint and were confident that the registered manager would deal with the complaints raised.

Good

Is the service well-led?

Our findings

Staff were positive about the leadership of the home. One member of staff told us, "You are able to raise concerns, she listens to you, she is a very caring person, she spends time out on the floor and helps, and she knows the residents personally."

The registered manager of the home had worked in the home for a number of years and initially started as a care worker. We found that the registered manager maintained a strong and visible presence within the home and actively encouraged feedback from people and staff and used this to make improvements to the home. We saw that meetings were held with people on a regular basis.

Staff told us that they attended regular staff meetings and found these meetings relaxed although, communication was focused and effective. Staff were encouraged to ask questions or offer comments or suggestions and individuals were listened to. This helped to ensure that there was an open and transparent culture within the home and meant that the engagement and involvement of staff was promoted within the home.

We observed that the registered manager was supportive of all of the staff and was readily available if staff needed any guidance or support. The registered manager ensured that staff had opportunities to continuously learn and develop, for example, one of the care workers we spoke with told us they were undertaking a competency based health and social care qualification. This helped to ensure that staff were able to carry out their duties effectively so that people received good care and treatment.

A range of systems were in place to monitor and improve quality and safety within the home. For example, health and safety checks, care plan audits and medicines audits. The provider had designated staff who visited the home quarterly to ensure that the quality of care was regularly monitored and assessed. This helped to ensure that the registered provider was able to make effective changes to the quality of life of people who used the service. The quality audit included reviewing and updating policies and procedures, undertake regular quality checks and provided support in employment matters.

The quality audits were undertaken to monitor the effectiveness of aspects of the home, including care documentation, nutrition, medicines and infection control. Health and safety audits were undertaken to identify any risks or concerns for example in relation to fire safety.

There was a business plan which detailed aims to improve the quality of the service provided. This included; improving the activities available within the home, improvements to the care plans and updating of the environment.

The registered manager told us that they were proud of the care provided and of the staff team who she explained had worked so hard to make improvements and remained committed to achieving the on-going development of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).