Care Quality Commission

Voyage 1 Limited

Cedar Road

Inspection report

48 Cedar Road
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on the 24 and 25 June 2015 and was unannounced.

Cedar Road is registered to provide accommodation and support to nine people with a learning disability, a mental health condition, physical disability or a drugs and alcohol dependency.

There was a registered manager in post at the home. 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.

People told us they felt safe in the service. Staff were able to demonstrate a good understanding of how people should be kept safe and the action they would take where people were at risk of harm.

People told us their medicines were administered to them how they wanted and we found that staff had the appropriate skills to administer medicines safely.

Summary of findings

People told us there was sufficient staff to support them.

Staff we spoke with told us they were able to get the appropriate support they would need to support people appropriately.

People told us their consent was given before staff supported them. Where people lacked capacity we found that the appropriate processes were being followed where people's human rights were being restricted as part of the Mental Capacity Act (2005).

People told us they were able to eat and drink what they wanted. Where people had specific support needs we saw that staff were able to support people appropriately.

People told us that staff were caring, kind and friendly. Our observation confirmed the compassion staff demonstrated towards people.

We observed people being supported to share their views on the service they wanted by way of a service user meeting.

We saw that independence, dignity and privacy were key ingredients to how people were supported and people told us this was the case.

The service people received was personalised to meet their individual goals and targets. People told us they were able to meet their keyworker on a regular basis to discuss the support they received.

People told us they were able to take part in activities they like to do outside of the home.

The provider had a complaints process in place to enable people to share any concerns they may have.

The service promoted a positive culture that was person centred and the atmosphere was open and empowered people to live their lives how they wanted.

People and relatives were able to share their views on the service by completing an annual questionnaire made available by the provider.

The provider had a system in place to monitor the quality of the service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us that they were supported safely.

People told us their medicines were given to them how they wanted.

People told us there was enough staff to support them safely.

Good

Is the service effective?
The service was effective.

Staff received the support they needed to ensure they had the appropriate skills and knowledge to meet people's needs.

People told us their consent was sought. Where people's human rights were being restricted the appropriate processes were followed to comply with the Mental Capacity Act (2005).

People were able to see a health care professional when needed.

Good

Is the service caring?
The service was caring.

People told us that staff were caring and kind.

People were seen promoting their decision making and deciding how they were supported.

People's independence, privacy and dignity was respected and promoted by staff.

Good

Is the service responsive?
The service was responsive.

People's preferences, like and dislikes were an important part of how they were supported by staff.

People told us they were able to raise any concerns about the service and knew how to do so.

Good

Is the service well-led?
The service was well led.

A registered manager was in post as required with the legislation.

The appropriate management systems were in place to ensure the quality of service was monitored.

People were able to share their views on the service and the information was used to improve the service.

Good

Cedar Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

Our inspection took place on 24 and 25 June 2015 and was unannounced. The inspection was conducted by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the home, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority (LA). They have responsibility for funding people who use the service and monitoring its quality. They provided us with information we used as part of the planning process for our inspection.

We spoke with four people who were able to share their views with us, two relatives who were visiting, three members of staff, the registered manager and a visitor. We looked at the care records for three people, the recruitment and training records for staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service. We undertook a telephone call to one further relative.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate with us.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe within the service. One person said, "I do feel safe in the way staff support me". Another person told us they had raised concerns, which the manager acted upon. A relative we spoke with said, "I do think [relative's name] is safe, it's the best home I have ever been in". Staff we spoke with had a good understanding of how people should be kept safe and gave examples of abuse. One member of the staff said, "I would report any abuse to the manager or the police". While another staff member showed us a card displayed in the dining room that people were encouraged to use where they had a concern. Staff told us they had received training in safeguarding people and we were able to see evidence of this. We saw the provider had a written safeguarding policy in place to guide staff on how people should be kept safe and the actions to follow where there were concerns.

Staff we spoke with showed a good understanding of managing risk. Where people went out of the home to the shops or to take part in community activities, staff were alert to the risks and were able to explain the actions taken to reduce any risks. We saw evidence of risk assessments which highlighted where there were risks to how people were supported and how this was or should be reduced. Where people were at risk of falling we saw that the appropriate equipment was available and being used. Staff showed a good understanding of the processes to follow where someone was found on the floor as a result of a fall. Where a bedrail was being used we saw the appropriate documentation in place to show a risk assessment was carried out and the person gave their consent for the bedrail to be used.

The provider had an accident and incident procedure in place to support staff in being able to know what to do when an accident or incident took place. Staff we spoke with were able to explain the actions they would take where an accident took place, how they would log vital information and at what point support would be sought for people where they may have had a fall or an incident had taken place.

One person said, "I do feel there is enough staff here". A relative said, "There is always loads of staff, there may be a few to many". All the staff we spoke with told us there was enough staff to support people safely and our observations confirmed this. We saw that a staffing rota was used so staff knew when they were working and how many staff would be on shift. The registered manager told us that they would also support staff where needed, for example if staff were supporting someone out of the home they would help the remaining staff to ensure there was enough staff to support people. We saw evidence of this where the registered manager supported staff when required. Staff we spoke with confirmed this and were able to explain the cover arrangements in place during night shifts, weekends and bank holidays when the registered manager may not be on shift and there are potentially less staff around.

All the staff we spoke with told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. This check was carried out to ensure that staff were able to work with people and they would not be put at risk of harm. We found from the evidence we looked at that the provider had a robust recruitment process in place which also allowed for references to be sought from previous employers. All the staff we spoke with confirmed they had to go through a recruitment process, which also checked their experiences, skills, knowledge and understanding and proof of identification.

One person said, "Staff administer my medicines properly, I would give them ten out of ten". While another person said, "Staff are supporting me to self-medicate". A relative told us they were happy with how their relative was being given their medicines and that the staff were efficient. We saw that there was a process in place for checking that staff were competent to administer people's medicines. Staff we spoke with all told us they were not able to administer any medicines until they had completed training, and that their competency was being checked every six months. With the exception of one member of staff who said their competency had not been checked for over a year.

We found that the provider had a medicines procedure in place to support and guide staff when administering medicines. We found where people were administered their medicines this was clearly recorded in a Medicines Administration Record (MAR) by two members of staff. People told us they were able to get medicines when they were in pain. We saw evidence that where people had medicines 'as required' there was a protocol on each person's record to guide staff appropriately. Staff we spoke with all told us they would only administer pain relief where it was prescribed by the person's doctor.

Good

Is the service safe?

Concerns had been identified through a safeguarding alert being raised with the local authority about people not being administered their medicines safely. No new people were able to move into the home until improvements were made. An action plan was put in place and information we received from the Clinical Commissioning Group who supported the home to make the required improvements, confirmed that the medicines administration process were now at a safe standard and staff had all gone through training in administering people's medicines appropriately.

Good

Is the service effective?

Our findings

A person visiting the home who had recently left to live independently said, "Staff are very well trained, polite, kind and caring". Another person said, "In my opinion staff have the skills to support me".

The staff we spoke with told us they were able to shadow more experienced staff as part of their induction process. This allowed them to gain some of the skills and knowledge they would need to support people. They also told us they were able to get support when needed. One staff member said, "I do get regular supervision". While other staff told us they were able to attend staff meetings, receive annual appraisals and attend training. The training matrix we were given by the registered manager showed the training courses staff were able to access. Staff were also able to access training in more specialist areas like epilepsy awareness. The staff we spoke with told us the training they received enabled them to gain the skills and knowledge needed to support people appropriately. We saw from our observations that the training staff had recently completed in medicines administration improved how they administered medicines. The registered manager told us that all newly recruited care staff were now expected to complete the recently introduced national care certificate. We also found that the registered manager had a process in place to identify when staff training needed to be refreshed. This ensured staff skills and knowledge would always be up to date.

People we spoke with told us their consent was always sought by staff. One person said, "Staff do not need to help me with much but when they need to my consent is always given". One staff member said, "I would never support someone without getting their agreement first". Our observations of staff interactions were good. People were able to give their consent before staff supported them.

We found that the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being implemented appropriately. Staff we spoke with told us they had received training in the MCA and DoLS, they were also able to explain them both. We found that where there were concerns about people's capacity the provider had an assessment process in place to determine people's level of capacity. We found that three people's records showed that an application had been approved to deprive them of their liberty, where they lacked capacity to make an informed choice. We were informed by the provider as they are required to do.

Staff we spoke with were aware of the restrictions to the three people and the reasons for the restrictions. We saw evidence that all the restrictions had a review date so where people's human rights were being restricted this would be reviewed appropriately to ensure the restriction was still applicable and lawful.

One person said, "I am able to cook my own meals and decide when and what I eat". Another person told us they could always get a drink when they wanted and that they loved a particular drink. We saw bottles of this drink in the fridge that this person had bought for themselves. During meal time it was clear from the interaction we saw that people were happy, relaxed and able to enjoy mealtimes. We saw one person who did not want the meal on offer, change their mind and decided on something else to eat. Staff were seen supporting them to make their decision and then supporting them with the preparation. People were also seen being supported by staff to eat and drink where this was necessary. A relative said, "[Relative's name] diet is monitored and he has seen a nutritionist". We saw evidence that where there were concerns identified with people's nutrition advice was sought from appropriate professional.

People told us that they were able to see a doctor when they were not well. One person said, "My health is checked". Staff we spoke with told us if someone was not well they would arrange for them to see a doctor. We saw evidence that where people were seen by a doctor, dentist or other health care professionals this was being logged and any follow up appointments noted on people's care records. We saw that people's health care needs were being monitored to ensure the appropriate clinical support was given to people where appropriate. Health action plans were being used to note vital important health care information. Where people's wellbeing required regular monitoring we saw that this was being done and a record kept of this. The registered manager told us that the doctor arranged annual wellbeing screening for people and the staff ensured people were supported to get to their appointments where needed.

Good

Is the service caring?

Our findings

One person said, “I like to have a laugh and banter with the staff”. Another person said, “The staff are nice”. A relative said, “My son is much improved since moving here”. Another relative said, “Whenever I visit I always feel welcome, staff are so kind and caring”. We saw that people were relaxed around staff, they were listened to and a homely atmosphere was evident. A visitor to the home said, “The atmosphere is very homely”. Staff were compassionate and considerate to people. We saw an incident where someone became very agitated and staff responded by calming the person down and taking all the appropriate steps to ensure the person was settled.

The provider told us in the information we received that people’s support needs were person centred to ensure that their personal goals and aspirations were known to staff and met. We saw people being treated as individuals and what they wanted to do was paramount to the support staff gave them.

People we spoke with told us they were part of the decision making process as to how they were supported by staff. The provider told us that people were all allocated a keyworker and they were able to meet with them monthly where they made decisions on how they were going to be supported and goals set. People we spoke with confirmed this. One person said, “My targets are set with my keyworker every month”. We saw evidence of these targets on people’s care records and people were communicated with in a format that made it possible for them to make choices and decisions. Staff we spoke with were able to confirm how people were being supported and how targets were an integral part of how people were supported. All the people we spoke with were able to discuss how they made choices and decisions. We observed a meeting where people were making decisions and choices about the menu amongst a range of other agenda items. For example, a holiday. Staff supported them in the meeting to understand the discussions and some people had staff explaining things to them individually so they could make a decision.

The registered manager told us the service was also a re-enablement facility to support people to regain the skills they need to live independently in the community. One person we spoke with told us they were moving out of the home shortly to live on their own in their own flat. The person said, “I can’t wait to leave”. The person showed excitement and happiness to be able to move on from the home having gained the skills to live independently in their own home.

We found that people were able to access advocacy services where they needed this. The provider ensured an independent advocacy service was available to people. We saw evidence to confirm this and the registered manager was able to describe how the service was used by a particular person.

One person said, “Staff never enter my room without knocking first. They all respect my privacy”. Another person said, “Staff do respect my dignity and privacy”. A relative said, “Staff are respectful towards people. [Person’s name] independence has improved since they moved in”. Staff we spoke with gave a range of examples of how they respected people’s privacy, dignity and independence. One staff member said, “I always ensure people are covered over when supporting them with personal care”. While another member of staff described how someone was supported to develop their confidence and independence to walk to the local shop on their own. We saw staff respecting people throughout their interactions with them. One person was seen washing up cutlery and dishes after mealtime to support their skills in independent living, where someone else was being supported to go out of the home on their own. We also saw people being able to just sit in their bedroom or go to a quiet part of the home (small lounge) for a bit of peace and quiet.

Good

Is the service responsive?

Our findings

A person said, “I was involved in my care plan”. While another person said, “I have got a copy of my care plan and I do attend reviews”. A relative we spoke with said I do attend reviews. People all told us they were supported how they wanted and how they preferred it. Staff we spoke with were able to explain the key worker role, this involved them being responsible for one person within the home. They would meet the person regularly to ensure that the their support needs were being met and agree new goals with them. A staff member said, “I support [person’s name] to reach their goal to live independently in the community”. We saw evidence that assessments and care plans were in place which identified people’s support needs which were centred around them as an individual. Staff we spoke with were aware of people’s individual needs and were able to show us where the working documentation was kept.

We found that staff received training in equality and diversity. This gave staff the knowledge to be able to ensure people were treated as individuals This was reflected in how people were being supported to ensure their human rights were respected. We saw that people were all able to live their lives how they wanted as an individual. One person who wanted to spend all of their time in their room was able to do so. We were told it was not ideal but that was the person’s choice. Where people had specific requirements this was being met.

One person said, “I go out every day”. One relative said, “People are able and supported to go out when they want”. Another relative told us that people recently went out to the safari park and were able to do what they want. Staff we spoke with told us that the things people wanted to do they were able to. People were going swimming weekly and playing football in a local community club. ‘Action arts’ a local community initiative people were involved in. We saw evidence that people were encouraged and supported by staff to take part in the activities they wanted. Where people had preferences, likes or dislikes these were noted and staff knew what people like to do. We found that one person was working toward taking part in the Paralympics. Staff supported them by encouragement and showing an interest in what they were doing.

People told us if they were not happy they would know who to complain to. One person said, “I know how and who to complain to, but I have never had to complain”. One relative said, “I have never had to complain, but if I did need to I would speak with the manager”. Staff we spoke with had an understanding as to how to handle a complaint. One staff member said, “I have had a copy of the complaints process. I would deal with the complaint if I could or bring it to the attention of the manager”. We found that the provider had a complaints process in place and it was available in other formats to support people to be able to raise a complaint. We saw from a recent complaint that the actions taken were all logged appropriately.

Good

Is the service well-led?

Our findings

People we spoke with told us they were happy within the home. People and their relatives told us the home was managed well. One person said, "I like living here". A relative said, "I have no complaints, the home is brilliant". We found the home to be welcoming, warm, homely and people were all relaxed and at ease with staff. On a number of occasions we saw people laughing and joking with staff in the dining room during an activity. One relative told us, "I can visit whenever I want and staff always offer me a hot drink and make me feel welcome".

People, relatives and staff told us the registered manager was available around the home when needed. We found that there was a deputy manager in post to support with the management of the home when the registered manager was not available. Staff told us they were supported by the registered manager, who worked in the home as a deputy manager before being appointed as the registered manager. This gave the registered manager a knowledge and understanding of the home they could now benefit from as a registered manager.

From recent staff meeting minutes we saw evidence that staff meetings were taking place and the content of the discussion that took place. There had been a discussion with staff about the appropriate process to follow when someone was found on the floor and potentially had a fall. This ensured staff had the knowledge they needed to support people consistently.

The registered manager understood the notification system and their role in ensuring we were notified of all deaths, incidents and safeguarding alerts.

We saw evidence to show that where accidents or incidents took place that the appropriate information was being logged and trends were being monitored to reduce the rate of accidents.

Staff we spoke with were able to confirm that they knew about the provider's whistleblowing policy and its intended use. They knew in what circumstances the policy would be used.

People and relatives told us their views were being sought by way of completing a questionnaire. One person said, "I do complete a questionnaire". The provider told us an annual service review was carried out, which enabled staff, families and people to give feedback on the service by way of an annual questionnaire. We found that the information gathered was being analysed to make improvements to the service people received and the action taken were discussed with people to show how improvements were being made.

We saw from information provided by the provider that people were able to attend regular meetings as part of a process of supporting and encouraging people to raise any concerns they had about the service. People we spoke with confirmed this. We saw evidence of the actions resulting from these meetings where the registered manager had taken action to make available a smoking shelter as a result of people requesting this.

The registered manager and provider carried out audits to check on the quality of the service people received. The registered manager told us that monthly audits were being carried out on medicines administration and that a consolidation action plan was being completed. We saw evidence of this and where improvements were needed this was recorded with clear timelines for action. Staff we spoke with told us that the registered manager was seen on a regular basis checking on how people were supported and conducting checks.