Care Quality Commission

Voyage 1 Limited

Red Gables

Inspection report

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Date of inspection visit: 30 June 2015
Date of publication: 03/09/2015

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

We undertook an unannounced inspection of Red Gables on 30 June 2015. At the time of our inspection eight people were living in the home. Red Gables is a small care home providing personal care for up to 11 people with learning difficulties.

The service had 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 and associated Regulations about how the service is run.

Relatives told us people were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Summary of findings

There were suitable recruitment procedures and required employment checks were undertaken before staff began to work at the home. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and appropriately. Staff told us the recruitment process could take a long time because the employer waited for references and background checks to be done before staff could start work.

Systems, processes and standard operating procedures around medicines were reliable and appropriate to keep people safe. Monitoring the safety of these systems were robust.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported and families were involved in making decisions about their care.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. Staff told us the registered manager was accessible and approachable. Staff and relatives felt able to speak with the manager and provided feedback on the service.

The manager and provider undertook spot checks to review the quality of the service provided and made the necessary improvements to the service.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

Assessments were undertaken of risks to people who used the service and staff. Plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Good

Is the service effective?
The service was effective.
Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Good

Is the service caring?
The service was caring.
Staff were knowledgeable about the care people required and the things that were important to them. They were able to tell us what people liked to do and gave us examples of how they communicated with people.

Staff were respectful of people's privacy. We saw positive interactions between staff and people using the service. People responded well to staff.

The home had links to local advocacy services to support people if required.

Good

Is the service responsive?
The service was responsive.
Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

Relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

Good

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

Good

Summary of findings

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager and the provider checked the quality of the service provided and made sure people were happy with the service they received.

Red Gables

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 June 2015 and was unannounced. The inspection team comprised of two inspectors.

Before our inspection we reviewed information we held about the home, including notifications about important events which staff had sent to us and previous inspection reports. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider therefore provided us with a range of documents, such as copies of internal audits, action plans and quality audits, which gave us key information about the service and any planned improvements.

People were unable to tell us their experiences of living at the home. We therefore 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 talk with us. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for four people. During the inspection we spoke with the registered manager, area manager and five care staff. We looked at records about the management of the service including the meetings file, accident and incident file and complaints file. We also spoke with two relatives after the visit by telephone.

Good

Is the service safe?

Our findings

Relatives told us they thought their family members were safe at Red Gables. One relative said "Residents are safe from bullying because they are meticulous about advising people; they tell us what's going on."

Staff told us they thought people were safe at Red Gables. Comments included, "People are safe here, I have no concerns about this" and "We develop relationships with people, they feel safe, we are coming into their home, we make sure they are comfortable." Staff told us they had received training in safeguarding adults. Staff said, "The training was really enjoyable" and "I think the training and qualifications we do is appropriate."

Staff were knowledgeable about different types of abuse and how to recognise these. One staff member said they would report "Anything which can't be explained." Staff told us the signs they would look out for and said, "You would look out for marks, facial expressions and signs of distress, I would raise it with the manager or deputy, I'm confident they would listen". Staff told us they would report any concerns to the home manager in the first instance. Staff were aware of their responsibilities to report to the local authority if necessary and told us, "We've got posters with the number on, "I'd contact them" and "There are little cards in each person's room with the number on." Staff were also aware of the whistle blowing policy and procedure. One staff member told us "The manager is really supportive, I have whistle blown in the past and felt protected." The registered manager had notified the local safeguarding authority, and CQC of safeguarding incidents. Assessments were undertaken to assess any risks to the people at Red Gables and to the staff supporting them. Staff knew about the assessments and protocols in place to protect people. For example, we saw Epilepsy guidelines in place and risk assessments which gave clear guidance for staff of the measures in place to reduce risk.

One staff member told us "When we're responding to challenging behaviour we call for someone to come and help and follow the protocols in the support guidance" and another said "We work as a team and react as quickly as possible to diffuse the situation. Staff were able to describe how they would prevent incidents without using restraint. One staff member told us, "I've never seen anyone use restraint" and another commented "We're not allowed to restrain anyone."

There were behaviour support guidelines in peoples care plans which identified triggers and detailed how staff should respond to people. These guidelines were risk assessed and the protocols for challenging behaviour was signed by the GP. This meant the appropriate health professionals were involved in people's care.

Staff were aware of the reporting process if any accidents or incidents occurred. Staff told us, "I think there is learning from investigations and everything is explained to us in detail", "The manager is good at keeping us up to date" and "We complete accident and incident forms and they go to Health and Safety. There are risk assessments in place and I am aware of them". Relatives told us, "If there is a significant incident, they will ring us on the spot" and "Any minor issues will be raised at an annual or six monthly review."

Staff we spoke with were aware of plans in place to deal with emergencies. We saw business continuity plans gave information about dealing with fires and other incidents which may occur in the home. Staff said they had regular fire training and the training report confirmed this. Staff said, "I've completed fire training and feel confident to evacuate people" and "We are definitely trained to meet people's needs".

There were sufficient numbers of staff to keep people safe. Staffing levels were determined by the number of people who used the service and their needs. The manager told us that the number of staff supporting a person could be increased if needed.

Relatives told us, "Staff are always busy so you don't always see all the staff, but if they had more staff they could go out more", and "I think there are enough staff on duty. We have plenty of time to observe staffing levels and staffing changes. There are a lot of faces who've been there for a long time; we have a good rapport with them. The relationship my son's key worker has with him is particularly good." We spoke with the registered manager who provided us with information about people's activity plans. We saw people were supported to go out several times each week though some activities were weather dependent.

Staff told us there were enough staff to keep people safe. Comments included "It's been like a roller coaster; up and

Good

Is the service safe?

down, but I'm really happy now, we've got the right numbers." Staff told us, "If anyone phones in sick it's covered" and "We all pitch in when we can and the manager is very good at sharing work out."

There were suitable recruitment procedures and required checks were made before staff started work. Staff told us, "The recruitment process is thorough." The operations manager told us there was an expectation that staff would disclose anything that occurred while they worked for the service which affected their ability to look after people safely.

Relatives told us, "My relative has challenging medical requirements so there's a need to monitor and change medicines. We may be invited for an extra review for this. I'm confident they are managing everything well." Medicines were stored safely and records were kept of medicines received and disposed of. We asked staff how they monitored people for any side effects of medicines.

They told us, "If we notice anything wrong we check the data sheets for the medicines." Staff gave an example of this and said, "There was a difficult time where a person had their medicines changed and they were anxious, we reported it to safeguarding and worked with healthcare professionals. We supported each other and we were asked our opinion, the person is now settled." We saw details of how people liked to take their medicines, for example 'takes medicines on a spoon with a drink.' People were encouraged to take their own medicines under supervision. No medicines were given to people covertly.

We saw where people refused medicines the registered manager sought medical advice from the GP and this advice was cascaded to the care team. Staff confirmed this and said, "If a person refuses medicines we give them a bit of time and if they still refuse we call the GP." Medicines audits were completed monthly by the deputy manager.

Good

Is the service effective?

Our findings

Staff were matched to the people they supported according to the needs of the person. Relatives said people were supported by staff who had the knowledge and skills required to meet their needs. Relatives told us, "The level of understanding which my son's key worker and other staff have got is better than mine" and "The home looks nice and there are no restrictions on the clients."

One member of staff said, "We do so much training" and "I think the training and qualifications we do is appropriate." Staff told us about the induction they had received. Staff said, "I did mine on a night shift so it was easier. I did 35 hours of computer training"; "Induction was really good. I enjoyed induction" and "We had a folder with people's backgrounds so we could get to know them." We saw the training report which gave details of what training staff had completed and dates. The operations manager told us on-going staff competency was assessed through training and observations of staff practice.

Further staff comments about training included, "They keep up to date with training and the face to face training is really good", "The manager is good about training, you speak to her and she will arrange it, if you want any training out of the ordinary she is really good." Specialist training was given where required, for example caring for someone with an acquired brain injury or someone with swallowing difficulties. A staff member told us "Staff can broaden their horizons, they encourage training".

Staff told us they received regular supervision and appraisal from their manager. These processes gave staff the opportunity to discuss their performance and identify any further training needed. Staff told us, "We have supervision every six weeks but can request a meeting if we need to" and "We discuss training, development, delegated responsibilities, we receive productive feedback on all aspects of our work." Staff said, "I feel supported in my role, the manager is really supportive, she is dedicated."

Staff told us how they gave people as much choice as possible. For example, some people liked to make their choices using picture cards and others liked to have the choices put in front of them. Staff confirmed this and said, "We use picture cards for menus and activities, and will lay out a number of clothes for them to choose" and "A lot of these guys respond to visual more than verbal." We saw one person being given a choice of cereal for their breakfast; staff put the cereal boxes out so they could choose.

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. People's rights were protected because the correct procedures were being followed where people lacked capacity to make decisions for themselves. We found some instances where people's care plans stated they did not have capacity to make decisions about their care, there was evidence of an assessment of their capacity and best interest meeting. For example, one person required hourly checks at night and a monitoring device was in place; a capacity assessment and best interest meeting had been held with health care professionals and a family member.

We saw bedrails were used for one person; there was no capacity assessment or best interest decision in place for this. We spoke with the manager who assured us the person was booked for a review and capacity assessments would be discussed during the review. The kitchen was kept locked and staff told us there was always a member of staff around to go into the kitchen with people. We saw when people wanted to go into the kitchen, staff opened the door for them and went with them to ensure they were safe. We did not see capacity assessments or best interest decisions for restricting people's access to the kitchen, however there were decision making agreements in people's care files which recognised the support people needed when accessing the kitchen. We spoke to the area manager and registered manager who told us they would look into completing capacity assessments for people where restrictions were in place.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. Staff said, "I think I'm pretty well up on those", "MCA is about assuming people have capacity to make their own decisions. Never assume you should make decisions for people just because they make a bad choice" and "People have the right to make decisions, we assume people have capacity and we hold meetings if they do not, we don't take people's rights away."

The manager was aware of the requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DOLS). These safeguards are used when it is necessary to deprive

Good

Is the service effective?

someone of their liberty in order to keep them safe. Three people had standard authorisations in place and these were reviewed when necessary; the registered manager was waiting to hear if other applications had been granted.

We saw house meetings were held monthly where discussions around menu planning, news and events and staff teams were held with people by using picture cards. We saw an addition to the menu had been made following one of these meetings. Staff told us, "People could refuse to take part in these meetings if they wished."

Eating and drinking guidelines were in place and people were supported at mealtimes to access food and drink of their choice. We saw people were able to make their own choices either by using picture cards or by having a selection put in front of them. Staff said, "Everyone has their diet plan. We have fluid charts and push fluids when it's hot" and "When I get myself a drink I think about getting them one too." The day of the inspection was a hot day and drinks were available and offered throughout the day.

People were supported on a one to one basis at mealtimes. Risk assessments identified any risks to the person such as a risk of choking. Where people were at risk of choking, we saw food and drinks were prepared in line with Speech and Language Therapist guidelines. We observed staff assisted someone to eat; this was done appropriately and staff enabled people to be as independent as possible and offered support where required. One person was supported in the conservatory as staff told us the dining room could be too noisy for them. Staff helped one person to hold their own drink and offered support where required. Staff stated they tasted the food (which is blended) to make sure it was tasty; food was blended separately to improve the mealtime experience.

The main kitchen was kept locked unless staff were present; staff told us this did not mean people were restricted to what they could eat or drink because staff were always around if access was needed.

Relatives said, "My son has been under the same doctor all the time he's been at Red Gables. We have met the doctor at reviews and been involved in these discussions." Staff were vigilant observing people for any signs of ill-health. Staff knew the people they were supporting and responded when they thought something was wrong. Staff said, "I think we would notice if people were becoming poorly because it would affect their behaviour", "They all have little ways of telling you if they're not well" and "If we notice anything we do an observation chart and tell the senior, who will call the GP."

Some people living in the home had complex needs and required support from specialist health services. Care records we looked at showed people received support from a range of specialist services, such as Speech and Language Therapists, Physiotherapists and dentists. Staff told us, "We're good at paperwork and managing hospital and doctors' appointments", "Health appointments are supported by staff, people have their favourite members of staff to support them, it can make it less stressful for them" and "We check the diary every day for appointments."

Relatives told us, "My son has challenging medical requirements; they send the care plan to us in the post and any changes are highlighted" and "The dialogue is good and frequent; they pay attention to what I say."

Good

Is the service caring?

Our findings

Relatives told us, “Staff are kind. Everyone seems to be happy and it’s a nice, relaxed, family atmosphere” and “My son is very happy here. He’s been in other homes before. A lot depends on the manager how happy they are. The manager and staff must be getting something right because he’s happier here than anywhere.”

Relatives said, “I find the staff very good” and "They treat the clients like friends, they’re on the ball, they care and know about people.” Other comments included, “I think he’s perfectly happy here; he’s happy to leave Red Gables and go back.” Throughout our inspection we observed people were treated with respect in a caring and kind way and people appeared relaxed around staff. Staff told us, “I think we give people the quality care they deserve and need”, “Staff communicate well for people’s well-being” and “I love my job. I’ve always enjoyed looking after people.”

One relative told us, “Communications fall flat when [name] gets a new key worker; they say they’ll phone regularly but don’t.” We spoke with the registered manager about this and they acknowledged there had been problems The registered manager told us they had ensured key workers understood their responsibility to phone regularly. Staff were knowledgeable about the care people required and things that were important to them. They were able to tell us what people liked to do and gave us examples of how they communicated with people. Staff said, “We use picture cards and have monthly key worker meetings where holidays and any changes they’d like to see are discussed.”

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff gave us examples how they ensured people’s privacy and dignity were maintained when providing personal care. Staff said, “We always knock on doors” and “We make sure curtains and doors are closed and keep people covered.” We saw that staff took the time to speak with people as they were supporting them. Staff were friendly, patient and discreet when providing support to people. We observed many positive interactions and saw that these supported people’s well-being.

Relatives told us, “We can visit anytime. They have some social events and we go as a family”, “My son’s got a shower with a very accurate temperature control so he can’t scald himself; that’s preserving his dignity” and “We make a point of unexpected visits and I’ve never been concerned about anything when I get there.”

Good

Is the service responsive?

Our findings

Families told us they were involved in annual review meetings and in their family members care planning. Relatives said, "We have a yearly review" and "Prior to reviews we have a form to fill in giving any concerns or issues so they can prepare."

Relatives said staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their care needs, which enabled them to provide a personalised service. Staff said, "We build a bond and a relationship with people." We observed people being supported in communal areas. They were treated with respect and given choices in a way they could understand.

Each person had a care plan that was personal to them. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Care plans stated people were unable to be involved in their care planning; however people were involved in monthly key worker meetings. We discussed this with the registered manager who told us they would look at incorporating the key worker meetings into the care plans.

We saw some gaps in recording whether personal care had been offered and recording one person's daily health monitoring. For example, we saw one person required daily blood glucose measurement (BM); however this appeared to have not been done for six days in one instance and eight days another time according to the care plan. The registered manager had identified this in their audit and lack of recording was being addressed with care staff. Separate BM records were maintained in a diabetes workbook and this person's records were up to date. Care plans contained information about what was important for people, which included their preferences for sensory areas, quiet space and regular complimentary therapies.

Care plans gave staff information about people's preferred method of communication. For example, staff used photographs or objects of reference to communicate with people. Staff confirmed this and we observed staff putthese methods of communication into practice, for example, when they supported people at breakfast time. People's care plans contained detailed information. A care plan we looked at for one person identified vocalising methods, the person's body language, facial expression and eye contact as preferred methods of communication and noted the behaviours exhibited when this person was frustrated. Staff told us, "I get everything I need from the care plans."

Relatives told us people were supported to follow their personal interests. They told us, "My son has a better social life than I do; horse riding, sailing, animal petting farm, trip to a live concert, trip to Paris" and "They never cease to challenge him to engage; we would find it hard to provide what they do, they're amazing." Staff told us, "Everyone has an activity plan but you can't guarantee everything will go ahead as planned, because they might change their mind" and "We try to get them out when the weather's nice. We've got lots of garden and indoor things to do."

The registered manager had a formal procedure for receiving and dealing with concerns. Relatives told us, "If I mention something they take it on board", "I've got the paperwork but haven't had to raise any concerns in this home" and "They have a well published complaints routine; I'd send an email to the manager and ask for a form; I know the process it would go through. I've never got close to a complaint though." A copy of the complaints procedure was clearly displayed in the home and family members were made aware of this when their relatives moved in. The complaints policy was available in an easy read form.

Staff told us, "We don't get any complaints" and "I'd pass anything on to the manager." One member of staff told us of a complaint they dealt with. They said, "It gets dealt with as soon as possible." We saw there were two complaints on file; one of these was in the process of being dealt with. Another complaint had been resolved; an apology had been made together with an explanation of what went wrong and how the service was going to ensure it was not repeated.

Good

Is the service well-led?

Our findings

All staff we spoke with told us they were well supported by the registered manager. Staff said, “She’s my rock” and “She goes the extra mile.” Staff told us the manager was approachable and they would be confident speaking to them if they had any concerns. Staff said, “We could raise any concerns”, “We’d be listened to” and “We all try to be as helpful as we can to each other.”

There was a registered manager in the home. One relatives told us, “The manager is approachable and will listen.”

Staff told us the atmosphere in the home was open and inclusive. Staff said, “It’s lovely”, “Brilliant atmosphere” and “We support each other, the service users feed off of a positive atmosphere.”

Staff told us they attended meetings regularly. We saw minutes of these meetings where staff said what was and what was not working in the home. Where any concerns were raised we found these were followed through and changes made to improve the service if necessary. For example, we saw minutes recorded concerns about one person missing their meals. The person was closely monitored and additional meals and snacks were offered; we saw this person had put weight on as a result, which was the desired outcome.

There were effective systems in place to assess the quality of the service in the home. Weekly service reports were completed which included alerts to senior managers when any serious incidents occurred. Quarterly audit tools were generated which informed managers how to benchmark themselves against national standards. We saw the manager’s assessment of quality standards in the home was robust and challenged staff to provide the best care they could. For example, the manager failed the home for not recording where people were being given choices. As a result, the manager said people were given more choices and these were recorded. The manager did spot checks to maintain standards.”

Within the organisation, managers from sister homes conducted ‘fresh eyes’ visits to other services to provide feedback to the manager and ensure robust quality control was in place. The manager and the deputy manager conducted unannounced night time visits to ensure night staff received the same support as day staff.

Satisfaction questionnaires were used to obtain feedback from families. Relatives told us, “Voyage (parent provider) sends out questionnaires yearly, they ask if there are any concerns or if they could do anything better” and “We have suggested using Skype as a means of communicating.” We spoke with the registered manager about this; although there were connectivity issues due to the home’s location, Skype would be provided shortly.

Staff we spoke with were aware of the values of the organisation and said, “The mission is to deliver world class outcomes for people with disabilities in the highest quality residential homes”, “We have the freedom to succeed. We celebrate good results” and “To ensure the guys here have a full life and experience new things, be happy and comfortable in their home.” Staff told us, “I treat people like family” and “We’ve got little cards that tell us about the value of quality of care, these include a passion for care, quality and pride.” Staff told us the communication between day staff and night staff was very good and said, “We are good at time management and quality of care.” The registered manager said, “I have no concerns leaving this home because I know the staff do everything they should.”

The registered manager kept up to date with changes in the care sector by registering with recognised organisations to demonstrate they met accreditation standards. The organisations included Investors in People, Skills for Care and Learning Exchange Network. Some of the training provided was British Institute for Learning Disabilities (BILD) accredited. Linking with these networks meant the training provided to staff was recognised as being of good quality and up to date.