

Voyage 1 Limited

Ten Acre Respite Service

Inspection report

89 Ten Acre Road
Kimberworth Park Road
Rotherham
South Yorkshire
S61 3RW

Tel: 01709558639
Website: www.voyagecare.com

Date of inspection visit:
09 December 2019

Date of publication:
07 January 2020

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 ●

Summary of findings

Overall summary

About the service

Ten Acre Respite Service is a care home providing personal care to people with a learning disability. Care is provided on a respite basis, meaning people spend short stays there, such as when their main family carers are on holiday. It is a five bedroomed bungalow in a residential suburb of Rotherham, South Yorkshire.

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

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

People's relatives said they believed their relatives were very safe and cared for in the home. Staff were knowledgeable about safeguarding people and when to raise concerns. Records showed staff had acted as required when concerns had arisen. People received their medicines safely and recruitment practices were safe.

Relatives told us staff were responsive to people's needs. One relative said: "They are good with [my relative] they understand [their] needs, and know how to provide care." Another said: "I have no worries regarding the care. I call in at any time of day and night and I can see what they [the staff] are doing."

Staff we spoke with told us dignity and respect was important in the way they cared for people. One staff member said: "It's important that when they come here it feels like a hotel for them, and we're here to make it a relaxing stay." The registered manager confirmed the service was designed in a very person-centred way, showing us examples of how people's preferences and choices influenced how care was delivered.

The home was managed by a registered manager who people told us was accessible and approachable. One visiting relative said: "[The registered manager] is always available, when you ring you can speak to her, she's always around."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 28 December 2018) and there were two

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings, below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings, below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings, below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings, below.

Is the service well-led?

Good ●

The service was well led.

Details are in our Well Led findings, below.

Ten Acre Respite Service

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the relatives of two people who use the service, two staff members, the registered manager

and two members of the senior management team.

We reviewed a range of records. This included four care records, medication records, three staff recruitment files and a variety of records relating to the management of the service, including policies and procedures, health and safety records, training records, meeting minutes and audits.

Is the service safe?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely.
- Medicines were stored securely and at an appropriate temperature in line with the manufacturer's recommendations.
- Staff kept accurate records of the medicines they administered, and audits were carried out frequently to ensure medicine records were accurately maintained.
- The registered manager had a good oversight of how medicines were managed within the home.
- There was a good level of detail in each person's care plan about their medication; this included how people preferred to take their medication and what any "as and when" (often referred to as PRN) medication should be used for.

Systems and processes to safeguard people from the risk of abuse

- Visiting relatives told us they believed their relatives were safe when receiving care at the home. One said: "Oh yes, very safe, no problems there."
- Staff told us they were confident in raising any safeguarding concerns, and understood how to do so. All staff had received training in relation to safeguarding.
- The home had reported safeguarding concerns in line with local authority and regulatory requirements.
- The home had a whistleblowing policy in place and staff were confident to report any poor practice if required.

Assessing risk, safety monitoring and management

- The home had effective systems in place to ensure that all areas of the home were safe. This included up to date servicing of equipment, and regular fire safety drills.
- People's care records included assessments of specific risks they were vulnerable to or may present. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.

Staffing and recruitment

- The provider carried out appropriate pre-employment checks to ensure only suitable staff were employed

at the home.

- Staff told us there were enough staff on duty to meet people's needs, and people's care records and the staffing rota confirmed this.

Preventing and controlling infection

- The home was visibly clean and tidy and there were detailed cleaning schedules in place.
- Staff received training in infection control and understood their responsibilities. We saw personal protective equipment such as gloves and aprons were readily available around the home.
- There was a regular infection control audit, with actions undertaken where required. The home's registered manager was the designated infection control lead.

Learning lessons when things go wrong

- The management team monitored the service to ensure lessons were learnt if things went wrong.
- Risk assessments were regularly reviewed and were changed to reflect changing circumstances.

Is the service effective?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person using the service had a thorough assessment of their needs carried out before they began to use the service.
- There was information available to staff about best practice and legal requirements when providing care for people; staff told us this was useful and said they regularly accessed it.

Staff support: induction, training, skills and experience

- People's relatives told us staff were equipped with the skills and knowledge to provide care to a good standard.
- Staff told us the training was plentiful and of high quality. The registered manager had a good oversight of the staff training programme, for example they were knowledgeable about one area of training where some staff were out of date, and knew when the next training course was booked to address this.
- Staff were supported through regular supervision and appraisal meetings and told us that they felt well supported in their roles. One staff member described the registered manager as "always available" and said the team was like "a big family."

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

- There were good details in each person's care plan about their food and drink preferences. The service had a system whereby when someone was coming to stay at the home, their food and drink preferences fed into that week's menu planning. Staff told us there were always alternatives available if someone didn't like what was on offer.
- Care records showed that where people had specific needs in relation to nutrition and hydration, advice from relevant healthcare professionals had been taken into consideration when their care plans were developed.

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

- People's needs were met by the decoration, design and layout of the home. This included spacious communal areas and aids and adaptations to make bedrooms, bathrooms and toilets accessible and safe. Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- Records showed that the guidance of external healthcare professionals was incorporated into people's care plans, and, consequently, into the way care was provided.
- One relative described a time when they were struggling to obtain the correct medication for their relative, and told us the registered manager intervened, liaising with providers to ensure the person received the

medication they needed.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The management team had made appropriate applications for DoLS authorisations and records showed these were well managed.
- Staff understood the principles of the MCA and how they applied this to their day to day work.
- Care records contained information about people's capacity to give consent, and where they lacked capacity appropriate best interests decisions had been reached and recorded.

Is the service caring?

Our findings

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

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

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

- The staff we spoke with were dedicated to their roles, and showed a pride in treating people with respect and dignity. When speaking about people who used the service they spoke in a respectful and thoughtful way.
- People's relatives told us staff displayed a caring attitude, and said they showed the utmost respect to their relatives.

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

- Care records showed people were involved in their care to a high level, with records reflecting people's choices and preferences; relatives confirmed staff understood these areas well.
- At the end of each stay, people and their relatives were encouraged to give feedback about what went well and what didn't go well, and this was used to inform future stays.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support and promote people's independence. One staff member told us: "We try and help people develop skills, that's really important. Obviously you have to manage risk as well but independence skills are [part of the care provided]"
- Staff were aware of the importance of maintaining people's privacy and dignity when providing personal care, and care plans contained information about this.

Is the service responsive?

Our findings

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

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

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

- Staff had a very good understanding of people's needs, and told us this was reflected in people's care plans.
- There was person centred information in people's care plans including information about what was important to them, and their likes and dislikes. These were used to inform how care was provided to people.

Meeting people's communication needs

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

- People's communication needs were assessed and care records detailed people's specific requirements. This included details of any aids or equipment people needed to assist with communication.
- There were details in people's care records about their own idiosyncratic communication styles, and guidance for staff about how to respond. For example, one person's record showed that when they said a certain word, this meant they were expressing a desire to return to the family home, and guided staff how they should respond to this in order to reassure the person.
- Documentation throughout the home, including guidance about the service provided, was available in an easy read format.

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

- People's care plans contained information about their interests and social preferences, and daily notes in care plans showed that staff supported people to pursue these interests.

Improving care quality in response to complaints or concerns

- There were policies and procedures relating to complaints, and these were accessible within the home. The service had received no formal complaints since the last inspection.
- Relatives told us they felt confident to raise concerns and told us they believed the registered manager would listen and act.

End of life care and support

- As the service is a short stay respite service, it does not provide end of life care and support. People's end of life wishes were known to their family carers where relevant.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have adequate governance arrangements in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

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

- The management team had oversight of the service and how it was operating. This included a wide range audits which took place to help ensure that the quality of care was maintained, and monitoring visits carried out by members of the provider's quality monitoring team.
- Staff were clear about their responsibilities. They said communication was good and demonstrated a good understanding of their roles and how they impacted upon people's wellbeing.

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

- The registered manager was very accessible. Visiting relatives, and staff, told us they could speak with the registered manager whenever needed.
- During the inspection a coffee morning for relatives took place. This was attended by the provider's chief executive, who we observed taking time to listen to relatives and taking on board any concerns or issues they raised. Relatives told us this was highly appreciated.
- Staff we spoke with told us they could raise concerns or comments, and were confident they would be listened to.

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

- All legally required notifications had been made to the CQC in a timely manner; we saw that where required, the provider had taken appropriate action.

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

- There were systems in place to engage and involve people. A visiting relative told us they felt welcomed and involved, and we saw there was a positive, collaborative relationship between staff and relatives.

Working in partnership with others

- The service worked in partnership with other stakeholders. We saw a range of professionals were involved in people's care.