

Voyage 1 Limited

# Rossendale Road

## Inspection report

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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 ●

# Summary of findings

## Overall summary

### About the service:

Rossendale Road is a specialist rehabilitation service for up to 13 adults who have experienced an acquired brain injury. There were 12 people using the service at the time of the inspection.

### People's experience of using this service:

People were positive about the care and support they received. They told us they felt safe in the home and that there were enough staff to meet their needs. Staff had completed training in how to protect people from the risk of abuse. People received their medicines as prescribed. Accidents and incidents were fully investigated to reduce the risk of them happening again. Any lessons learned from events were shared with the staff team.

Staff received training which helped them understand the specific needs of people who had experienced an acquired brain injury. Staff also received regular supervision with senior staff to discuss their role and any training needs. People told us the food was of good quality. Staff supported people to have a healthy diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People told us staff were kind and caring. During the inspection we observed the atmosphere in the home was relaxed and staff supported people to be as independent as possible.

People received care which was responsive to their individual needs. Each person had an individual activity planner based on their interests and rehabilitation goals. The provider had systems to gather feedback from people who lived in the home. Any complaints received had been fully investigated and a response provided to the complainant.

The service was well-led. The provider and registered manager demonstrated a commitment to continuous improvement in the service. Staff told us they received excellent support from the registered manager and felt their views were always listened to.

### Rating at last inspection:

At the last inspection the service was rated good (published 17 November 2016)

### Why we inspected:

This was a scheduled inspection based on the previous rating.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

# Rossendale Road

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

Rossendale Road 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. The provider had appointed a new registered manager since the last inspection who had been in post since December 2017.

#### Notice of inspection:

The inspection was unannounced. This meant the provider did not know we would be visiting.

#### What we did:

Before our inspection, we reviewed all the information we held about the service and completed our planning tool. We also checked for feedback we received from members of the public, local authorities and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also checked records held by Companies House.

We asked the service to complete a Provider Information Return. This is information we require providers to

send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and used it to inform our planning tool.

During the inspection we spoke with two people who lived in the home. Although the registered manager was on maternity leave at the time of the inspection, they attended to ensure we were able to gather information about the service. We also spoke with the operations manager, a team leader and three support workers. One of the support workers also worked as the housekeeper.

We completed checks of the premises and observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences.

We reviewed a range of records relating to the way the service was run. This included two people's care and medicines records in detail and a selection of another person's care records. We also looked at two staff recruitment files, minutes from meetings, audits and checks completed in the service and a sample of policies and procedures.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People told us they felt safe in the home. 'Easy read' information was available for people on adult safeguarding and how to raise any concerns.
- Staff had completed safeguarding training and knew the correct action to take should they witness or suspect abuse. They also told us they would be confident to use the provider's whistleblowing procedure to report any poor practice.

Assessing risk, safety monitoring and management

- The provider and registered manager had established effective systems to assess and manage risks in the service.
- People's care records contained an assessment of risks relevant to their needs. Strategies were in place to manage the identified risks. Staff reviewed these strategies regularly to ensure they remained relevant to people's needs.
- Staff completed regular checks to ensure the safety of the premises and equipment used. The provider maintained a central record of any faults identified to ensure they were promptly addressed.
- Staff had completed an emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency evacuation of the building. These were up to date and reflective of people's current needs.

Staffing and recruitment

- The provider had a robust system to ensure staff were safely recruited. A central human resources team was responsible for ensuring all required pre-employment checks were completed before any staff were appointed. We reviewed two staff personnel files and confirmed all these checks were carried out. The registered manager told us no agency staff were used and any absences were covered by existing staff. They told us this was very important to help ensure people were comfortable with the staff who supported them.
- People told us there were always enough staff on duty. Each staff member was delegated to work with a particular person during their shift based on the individual's known preferences. During the inspection, we observed staff had sufficient time to spend with people.

Using medicines safely

- Medicines were generally safely managed. People told us they received their medicines as prescribed. Staff responsible for administering medicines had completed training and senior staff regularly assessed their competence to administer medicines safely.
- Staff carried out medicines risk assessments to determine the level of support people needed to take their

medicines as required.

- We looked at the medicine administration records for two people and found these were fully completed. One person had a protocol in place for a medicine which was prescribed on an 'as required' basis but this lacked detail about when staff should offer this medicine which was also prescribed as a variable dose. The staff member we spoke with told us the person was able to request the medicine but immediately updated the protocol to provide clearer information for staff to follow.
- The provider and senior staff in the home carried out regular medicines audits. These were used to ensure policies and procedures were followed and any errors or concerns were identified. We saw that senior staff completed robust investigations of any medicines errors to help reduce the risk of further occurrences.

#### Preventing and controlling infection

- The provider and registered manager had systems to help protect people from the risk of cross infection. People told us they had no concerns about the cleanliness of the building although we found some areas needed additional cleaning. When we pointed these out to the registered manager, they took immediate action. They also told us they would amend the cleaning schedules and audits to help ensure all areas were thoroughly cleaned and checked.
- We saw personal protective equipment was available for staff to use. During the inspection, we observed staff wore gloves and aprons when undertaking tasks such as cooking and administering medicines.

#### Learning lessons when things go wrong

- The service had systems to make improvements when things went wrong. The management team kept a record of any accidents or incidents which had occurred and of the action taken to reduce the risk of them happening again. The provider also monitored the action taken at the service through a central monitoring system.
- The registered manager told us they used staff meetings and supervision sessions to share any lessons learned when things had gone wrong.



# 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

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

- The provider had systems to ensure people received care which met their individual needs. Staff completed a detailed assessment of people's needs before they entered the home. This assessment was used to develop person-centred care plans and risk assessments which included information about how people wished to be supported. Staff reviewed and updated people's care plans on a regular basis, to document goals individuals had achieved.
- One person's care records contained links to videos which showed staff how they should use a particular piece of equipment when supporting the individual to mobilise. This helped to ensure staff were following best practice guidance as identified by physiotherapists.
- We noted that an external professional had provided extremely positive feedback about the outcomes achieved by a person they supported who lived in the home. They had commented how the individual was a changed person with a much improved quality of life as a result of the high quality, consistent care they received from staff in Rossendale Road.

Staff support: induction, training, skills and experience

- The provider had systems to ensure staff received the training and support they required to be effective in their role. All new staff completed a comprehensive induction programme which included training in acquired brain injury. The provider maintained a central record of the training and supervision staff had received.
- The provider's training spreadsheet showed a high compliance of staff with required training.
- Staff told us, and records confirmed senior staff provided them with regular supervision. This provided them with an opportunity to discuss any concerns relating to people who used the service and to identify training needs.

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

- Staff supported people to have a healthy and balanced diet. When necessary, staff made referrals to specialist services. Records we reviewed showed staff had included any advice given by professionals about people's nutritional needs in their care plans.
- Staff encouraged and supported people to make their own drinks and snacks during the day. Staff cooked the main evening meal, with support from people when possible. People told us they enjoyed the food in Rossendale Road. They told us they were able to have alternatives if they did not like what was on the menu.

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

- Staff worked with a range of agencies to help ensure people received effective care. This included specialist services for people who had experienced an acquired brain injury. The service had regular input

from physiotherapists and occupational therapists who were commissioned by the provider. This meant people could receive timely support to help them achieve their rehabilitation goals.

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

- The design of the home was appropriate to people's needs. Wide corridors enabled people who used walking aids or wheelchairs to move safely and independently around the home. People also had access to a kitchen where they were able to make their own food and drink when they wanted.
- People who lived in the home had their own bedrooms which they were able to personalise as they wanted. All bedrooms had an en-suite wet room to help people be as independent as possible, with some rooms also having ceiling track hoist systems in place.

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

- The provider had systems to ensure people's health needs were assessed and met. Each individual had a health file which included details of professionals involved in their healthcare and any appointments attended. Each person also had a hospital passport. This included information for healthcare professionals to help ensure they received the care they needed and wanted if they were admitted to hospital.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff demonstrated a good understanding of the MCA. They told us how they gained consent from people before they provided any support; this included the use of verbal and non-verbal communication.
- Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this approach. During the inspection, we observed staff regularly asking people to make decisions about how they wished to be supported.
- Staff had completed assessments when people lacked capacity to make particular decisions. Where necessary, best interest meetings had been held which included professionals and significant others.
- The registered manager had submitted DoLS applications to the local authority when people were unable to consent to their care and treatment in the home. The registered manager was aware of any conditions on DoLS authorisations and had taken the necessary action to ensure these were complied with.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated as individuals. Our conversations with staff showed they were committed to ensuring people who lived in the home were central to every decision made.
- People's diverse needs were respected and care plans identified people's cultural and spiritual needs. Staff supported people to maintain relationships with family and friends.
- People told us staff were kind and caring towards them. One person commented, "Staff look after me pretty well. I'm happy here and would recommend it to others."

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

- Staff supported people to make choices about their daily life and the care they received. The registered manager told us people were able to decide which staff they wanted to support them on a daily basis. It was also evident from care records that people had been involved in developing their support plans and setting the goals they wished to achieve.
- People had opportunities to express their views about the support they received. The registered manager told us that, although house meetings took place, these had not always been successful in gathering people's feedback. This was therefore mainly achieved through people having regular discussions with their key worker. One person provided feedback about this system when they commented. "They [keyworker] are excellent at putting me at my ease. They have one to ones with me every week where I get the chance to form relationships."
- Where necessary, the registered manager sought external professional help to support decision-making for people, including the use of advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Respecting and promoting people's privacy, dignity and independence

- The aim of the service was to support people to achieve their rehabilitation goals in order for them to be as independent as possible. We were told the service had recently been successful in supporting a person to move on to independent living from the home.
- Care plans provided guidance for staff to follow in order to support people to be as independent as possible. The plans included information about people's strengths as well as the support they needed.
- People's personal information was stored confidentially. The registered manager had taken the necessary action to ensure the service was compliant with data protection regulations.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The ethos of the service was to provide high-quality, individualised care. This was confirmed by all the staff we spoke with. They told us they supported people to achieve their goals through providing person-centred care and that they treated each person as a unique individual.
- Care records were personalised and provided good information for staff to follow. We saw that people had been involved in developing and reviewing support plans.
- Staff had written support guidelines with people. These covered areas including personal care, diet, medication, mobility, emotional and behavioural support, activities, mental capacity and finances. Each support guideline described how the person was involved in writing the guideline, why the person needed support and what the individual could contribute to achieving their goal. The plans provided guidance to staff on how to support the person in the area and a risk rating for before and after the support guideline was implemented.
- The provider had an Accessible Information policy and provided communication to people who used the service in a variety of formats. We saw care records included detailed information about the communication methods each person used, including photographs and descriptions of individualised signs used. During the inspection we observed staff communicating with people using a variety of methods including basic sign language and a hand-held computer.
- Each person had a personalised activity planner which included activities they enjoyed. People were able to access one to one time with staff members of their choice to undertake their chosen activities. The home also had a dedicated activities room as well as a games room for people to use. One person told us how staff had supported them to take a holiday abroad which had a positive impact on their well-being.

Improving care quality in response to complaints or concerns

- The provider had a system to record and investigate complaints. The provider had received two complaints since our last inspection which had been fully investigated. Any complaints were centrally recorded so senior managers could check what action had been taken.
- People told us they would feel able to raise any concerns with staff and were confident they would be listened to. The registered manager told us they had an 'open door' policy and always acted immediately any concerns were raised with them.

End of life care and support

- The registered manager had developed a process to record people's end of life wishes. There was no one currently in receipt of end of life care at the time of the inspection.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a positive culture that was open and inclusive. The provider had a set of values which were included in the staff handbook and on display in the service. These values were Empowering, Together, Honest, Outstanding and Supportive (ETHOS). Staff were able to tell us how these values were central to the care and support they provided to people in the home. They spoke about being committed to working with each individual in the home to help them achieve their rehabilitation goals.
- The provider and registered manager were aware of their duty of candour responsibility to inform people who used the service and, if appropriate their relatives. should anything to wrong with the care provided.
- When asked about the registered manager one person told us, "I have come to realise that management have the same goal as me; to work on improving my physical and mental state."

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

- The service was led by a registered manager who had been appointed since the last inspection. Although they were on maternity leave, they were present during the inspection to offer support to their staff team. All the staff we spoke with told us the registered manager had made significant improvements since their appointment and that they received excellent support from them.
- The registered manager had a clear understanding of the need to report particular events to CQC in order to meet regulatory requirements. We saw the provider had met the requirement to display the rating of the most recent inspection on their website and in the home.
- The management team completed a range of audits on a monthly basis and we saw that actions were identified and addressed to bring about improvements. Audit results were monitored by the provider and representatives of the provider visited monthly to provide support and undertake their own quality monitoring.

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

- People told us they were treated fairly in the service. One staff member told us how the provider had taken appropriate action when they had experienced discrimination from some people who used the service.
- The management team held regular staff meetings. Staff told us they felt able to make suggestions about the way the home could be improved and their views were always listened to.
- The provider regularly asked people to complete a satisfaction survey to provide feedback on the support they received. We noted the responses from the most recent survey were very positive.

#### Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to continuous improvement in the service. The registered manager had an action plan to take forward improvements, based on feedback they gained from a variety of sources and the findings from quality audits.

#### Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs.