

Voyage 1 Limited

1-2 Canterbury Close

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

1 – 2 Canterbury Close is care home providing care and support for 10 adults with a learning disability at the time of our inspection. The service can support up to 10 people.

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.

The service was larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design, it was two separate domestic style properties that fitted into the residential area. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe, and staff we spoke with understood safeguarding and whistleblowing procedures. There were adequate numbers of staff available to meet people's needs. Safe recruitment systems were in place and followed. Medication management was safe, people received their medication as prescribed. Risks associated with people's care and support had been identified, contained good detail to ensure risks were managed safely. Accidents and incidents were monitored, however, due to an increase in incidents over the last few weeks the systems could have been improved to ensure lessons were learnt.

Staff were very knowledgeable about people's needs, care was person-centred and individualised. Staff said training was good. Our observations evidenced this was effective. Staff were supervised and supported.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. 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.

People received a healthy balanced diet that met their needs. People had regular access to health care professionals, changes in needs were identified and responded to appropriately.

The environment and décor was tired, not all areas were well maintained, therefore were not always able to be effectively cleaned. However, this had been identified and was being addressed. There was access to

well maintained outside space.

Staff were kind, caring and compassionate. Our observations evidenced staff interacted positively with people and knew them well. People were involved in their care planning if they wished or were able, to ensure their decisions and choices were reflected. We looked at care records and found they had identified people's needs and reflected people's choices. One person's care plan did not reflect their needs fully, however this was addressed immediately by the registered manager.

People received individualised, personalised care. People were listened to and complaints were appropriately dealt with and resolved. Where appropriate end of life care was included in care plans to ensure people's decisions were respected.

Quality monitoring was carried out using various audits tools. The service promoted an open, inclusive and positive culture. People and relatives were involved in the service, quality questionnaires were sent out and regular meetings were held.

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 good (published May 2017). The service remains rated good.

Why we inspected

This was a planned inspection based on the previous rating.

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.

1-2 Canterbury Close

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. The inspector was shadowed by a health care professional, this was for part of their professional development.

Service and service type

1 – 2 Canterbury Close 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 who was 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

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete 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 used the PIR as part of our planning.

During the inspection

We spoke with four people who used the service. We spent time observing staff interacting with people. We spoke with six staff including care workers and the registered manager. We looked at documentation relating to four people who used the service and information relating to the management of the service.

After the inspection

We looked at information sent to us by the registered manager. This included training data, audits and provider visits.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse. The registered manager kept a record of safeguarding concerns and recorded actions taken to keep people safe.
- Staff explained safeguarding and whistleblowing procedures. Staff informed us they had received training in this subject. People we spoke with told us they felt safe. One person said, "It is lovely here, of course I am safe." Another said, "I am definitely safe."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and were managed to ensure people's safety.
- Staff we spoke with knew people well, they were knowledgeable on how to manage risks which ensured people's safety.
- People had personal emergency evacuation plans in place to show what support people required in case of an emergency. The provider also ensured environmental risks were managed. For example, the electric and gas safety checks were completed.

Staffing and recruitment

- The provider had a recruitment policy which assisted them in the recruitment of staff. We saw the policy was followed.
- There were adequate staff to meet people's needs. Some people were supported by one to one staffing and this was maintained. All staff we spoke with told us the staffing levels were always maintained and there was enough staff to meet people's needs including accessing the community for social activities.

Using medicines safely

- People's medicines were managed safely. We saw they were administered as prescribed.
- Medication policies and procedures were followed and robust audit systems were in place to ensure medicines management was safe.
- Staff received training in medication management and administration. Staff told us they were competency assessed once a year, to ensure they maintained the skills to administer medicines safely.

Preventing and controlling infection

- The home was not always well maintained, some areas were old and tired and were not able to be effectively cleaned. However, the registered manager had identified this and it was being addressed.
- People were protected by the risk and spread of infection. Staff used personal protective equipment

appropriately.

- Staff received training in the prevention and control of infection and followed the providers policies.

Learning lessons when things go wrong

- Accidents and incidents were monitored. Most months there were very few incidents. However, due to changes there had been an increase in the last few weeks these had not been fully analysed to show trends and patterns to reduce risks. The registered manager actioned this immediately to ensure any changes to risk management were introduced. This meant lessons would be learnt.

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 as 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

- People's needs were assessed, and care and support provided was person-centred and delivered in line with people's choices and preferences. One person said, "The staff are brilliant, they always listen to me."
- People's diverse needs were met in all areas of their support. Therefore, protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were taken into consideration.
- Staff we spoke with were knowledgeable about people's needs and choices. People we spoke with confirmed staff met their needs and knew them well. One person said, "I cant fault the staff, excellent."

Staff support: induction, training, skills and experience

- Staff received training to fulfil their roles and responsibilities. From our observations and speaking with people this was effective.
- Staff told us they felt supported and worked well as a team. We observed staff working well and the atmosphere was calm and inclusive. One staff member said, "We are well supported, it is a lovely place to work."

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

- People received a healthy balanced diet. We observed people having lunch. People ate when they wanted so times varied, choices were given, and people helped with preparation if they wished.
- We observed people had access to drinks and snacks during the day. We saw people came in to the kitchen and helped themselves to drinks when they wanted supported by staff.
- In one house the access to the kitchen was restricted, this had some impact on people but was required in the short term due to risk. This was being addressed and we were assured it was only for a short while.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals when required.
- We looked at care plans and saw that when healthcare advice had been given, staff had followed it to ensure people were supported appropriately.

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

- The service was appropriately designed to meet people's needs. There were communal areas and access to safe enclosed outside space. The environment was being improved at the time of our inspection. The only negative comment received from staff was that décor required improving. The registered manger confirmed this was being addressed to ensure the environment was well maintained and homely.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 provider was working within the principles of the MCA and DoLS applications had been made, some of which were awaiting authorisation.
- Where decisions had been made on behalf of people, they had been completed in the person's best interests and documented within their care plan.

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 had remained good 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

- We spent time observing staff interacting with people who used the service. We found staff were very kind and caring. People we spoke with all told us the staff were always kind and caring. One person said, "I love it here, the staff are so kind."
- Staff were sensitive to people's needs, care was individualised and person-centred.

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

- People were involved in decisions about their care. During our observations we saw staff always explained the care and support they were going to carry out, why it was required and gave reassurances during any support provided. We saw staff giving people time to make decisions and assisting with choices where people required more support.
- Care plan documentation reflected people's choices and decisions and showed they had been involved in creating their plans of care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. We saw staff knocked on bedroom doors before entering and kept bathroom and toilet doors closed when carrying out personal care.
- People's independence was promoted. Staff supported people to be independent. For example, one person had been supported to walk with a frame rather than be in a wheelchair. The person said, "Since I have been here [living at the service] I have learnt to walk again, the staff have helped me and encouraged me to do this, so I am more independent."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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 good. 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

- People received person-centred care which met their needs and preferences. We observed staff delivering person-centred care.
- We looked at a sample of care plans and found they reflected the care and support people required. However, one person's plan did not fully reflect their needs, this was discussed with the registered manager and addressed immediately.
- People received appropriate social stimulation that met their needs and regularly accessed the community. People were encouraged and supported to maintain relationships to avoid social isolation. We saw people going out during our inspection. For example, one person went to the local supermarket and another person was packed and ready to go on holiday. They said, "I am going on holiday today, I am excited."
- We observed staff interacting with people and saw the care and support was individualised. People's care provided was in line with their, choices, decisions and preferences.

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 met. Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files. Our observation evidenced staff understood people and communicated effectively.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and appropriate actions were taken when concerns had been raised.
- People we spoke with told us they would raise any concerns if required and were confident they would be listened to. One person told us they had raised a concern and it was being dealt with.

End of life care and support

- At the time of our inspection nobody using the service required end of life care. However, staff had previously supported people at end of life and told us care and support plans would be developed when required to ensure people's needs were met.

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 as good. At this inspection this key question remained 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

- The home had a registered manager who was supported by a deputy manager and a team of staff.
- Staff understood their roles and responsibilities and worked with the management team to ensure people received a good service.
- People we spoke with had confidence in the registered manager and found all staff to be approachable.

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

- The management team promoted a culture which was positive, open and person-centred. Our observations during the day supported this.
- The registered manager promoted the service as belonging to people living there, was passionate about people experiencing a good quality of life and promoting well-being and respecting people as individuals.
- Throughout the day of our inspection there was a relaxed, pleasant inclusive atmosphere.
- The management team were committed in providing high quality care and understood their duty of candour.

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

- People who used the service, their relatives and staff, were involved in the home and their views and opinions mattered.
- The service promoted the involvement of people living at the home as much as they were able.
- People were provided with opportunities to share their views about the quality of the service. They completed quality monitoring questionnaires and attended meetings to be able to give their views. We saw the results of the last quality questionnaire; all feedback and comments were very positive.

Continuous learning and improving care

- The service had a range of audits which were used to ensure the service-maintained standards expected by the provider.
- The operations manager supported the registered manager and visited the home frequently to complete an audit. We saw the issues we identified had mostly been picked up by the audit system, areas that had not

were addressed immediately. We received confirmation from the operations manager that all the issues were being actioned.

- The home had an overarching action plan which showed issues from all audits had been addressed.

Working in partnership with others

- The provider worked in partnership with others to ensure people received optimum care and support.
- Healthcare professionals were requested as required and staff followed the advice they gave to meet people's needs.