

Voyage 1 Limited

Greenmoor Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 2 August 2017 and was an unannounced inspection.

Greenmoor Road is a registered care home providing care and support for two younger adults with learning disabilities or autistic spectrum disorder. At this inspection, there were two people living in the service.

There was a manager in post who was applying to become the registered manager. They had been working at the service since June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us they were not sure people were safe when receiving support from staff at Greenmoor Road. People were protected against the risk of abuse. Staff recognised the signs of abuse, what to look out for and knew how to report any concerns. Medicines were managed safely. However some medicines were not dated when they were open to ensure they were not open for longer than the manufacturers recommended timescales. People received their medicines as prescribed.

Staff followed guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

The service was not always kept clean or well maintained. The operations manager had plans to address this.

Staff received regular training and supervision to help them to meet people's needs. Their understanding of this was not checked. There were plans to introduce checks on staff understanding. Staff completed an induction to enable them to get to know the service.

People were encouraged to follow a balanced diet. Where someone had a specific diet that they followed guidance was in place for staff to follow. People received the support they needed to stay healthy and to access healthcare services. Not all healthcare appointments were recorded although they had taken place.

People were supported in line with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The provider and staff understood their responsibilities under the MCA

Staff were caring and treated people with dignity and respect. They ensured people's privacy was maintained. People were supported to have choice and control of their lives.

Staff who knew people well understood how they communicated. The guidance about how people

communicated in their support plans was limited.

Each person had an up to date support plan that was centred on them as an individual. This provided staff guidance on how to meet people's support needs and their likes, dislikes and preferences. These had been reviewed recently with relatives to gather their input.

People were encouraged to participate in activities. However these were not always tailored towards supporting people's independence. People were supported to maintain relationships with people that mattered to them.

People and their relatives' had access to a complaint's procedure and felt confident to raise any concerns that they may have. However, complaints were not always responded to.

There had been a number of changes in the management of the service that had impacted on the quality and consistency of support that people received.

Staff told us that they could approach the manager and felt supported by them. Team meetings had not been held regularly.

There were systems and processes in place to monitor and review the quality of the service that people received. Where areas for improvement were identified an action plan was put in place to address these. The manager had not been in post long enough to implement the changes that had been identified.

People and their relatives were encouraged to provide feedback about how the service could be improved. They felt this was not always listened to.

Further information is in the detailed findings below.

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 not always safe.

Relatives felt they could not be sure that people were safe. People were protected from risk of abuse. Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe

The premises were not always kept clean or well maintained. There were plans to address this.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People received safe support with their medicines where this was required. Arrangements for ensuring medicines were not open for longer than the recommended timescale were inconsistent.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff received regular training to develop their knowledge and skills to support people effectively. Their understanding of the training was not always checked and this was to be introduced.

Staff who knew people well were able to communicate with them. The guidance in support plans for staff was limited about how to communicate with the person.

People's choices were respected. Staff asked people for consent before they were supported.

People had access to healthcare professionals as required.

People were encouraged to follow a balanced diet. Where a person had a specific dietary need there was guidance in place for staff to follow.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

People's communication was understood by staff who knew them well.

People were supported to have contact with people who were important to them.

Is the service responsive?

The service was not always responsive.

People did not participate in meaningful activities on a regular basis.

People and their relatives were confident to raise a concern. They felt that these were not always listened to.

People had support plans that were focussed on them as an individual. Relatives had been involved in reviewing these recently to ensure the information in them was current and met the person's needs.

Requires Improvement ●

Is the service well-led?

The service was not always Well –Led.

There had been a number of changes in management which had impacted on the quality and consistency of the service delivered. The manager had been in post since June 2017. They had identified areas for improvement. However, they had not had time to make the changes.

Staff felt that they could approach the manager and were hopeful that the service would improve with the current manager.

People had been asked for their feedback on the service that they received. They felt that their feedback had not been listened to.

Checks were in place to monitor and review the quality of the service. Where areas for improvement were found action plans were put in place to address these.

Requires Improvement ●

Greenmoor Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 2 August 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using similar services.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection. We spoke with the local authority who commissioned the service for some people who lived there. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care.)

We spoke with a relative of a person who used the service. People were not able to give us their feedback due to communication difficulties, but we observed care and support offered to people throughout the day. We spoke with the operations manager, the manager, a peripatetic manager and two support workers.

We looked at the provider's records. These included both people's support plans, health records, risk assessments and daily records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

Is the service safe?

Our findings

A relative told us, "I cannot say that [person's name] is safe. There have been issues in the past and my confidence has dropped." The operations manager told us they were communicating with the relative to try and resolve the concerns they had which were not recent complaints and to build their confidence in the service that was provided. They told us their first priority for the service was ensuring people were safe.

The service was not always kept clean or well maintained. On the day of our inspection there was dried food and drinks on the walls, the paint had been scuffed in the kitchen and the wallpaper in the lounge was torn off in places. The operations manager told us they were working to improve the environment. This was through redecoration and ensuring the surfaces were easy to keep clean. They told us they had requested works to be completed in the service and were waiting for these to be agreed. The operations manager also said that they were working to find ways to support staff with cleaning.

People were protected from abuse or harm. Staff understood their responsibility to keep people safe and had received training in safeguarding adults. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were able to explain these to us. Staff told us that they felt confident in how to identify and report any concerns about abuse. One staff member said, "I would report to a manager. Voyage tell us if we see something say something. There are leaflets about this." Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns. All of the management team showed an understanding of protecting people from abuse or harm by submitting information of concern to the local authority to be investigated.

People were protected from avoidable harm. Where risks were identified as part of the support that people received, these had been assessed and guidance put in place to tell staff how the risk could be minimised. Risk assessments were specific to each person and had been reviewed and updated when people's needs had changed or at least annually. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. This made sure that staff had up to date guidance on how to support people safely to minimise risks.

People were protected from the risk of harm because there were contingency plans in place in the event of an untoward event such as a fire or flood. Staff knew the fire response procedure. Guidance was in place for staff that detailed actions to take in the case of other foreseeable emergencies. Each person had a personal emergency evacuation plan (PEEP) in place. Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

Where accidents or incidents had occurred these had been documented and investigated. This included a description of what had happened and actions taken. Where investigations had been required these had been completed with changes made in order to reduce the likelihood of reoccurrence. We found three incident forms that had not been passed to the manager for their consideration. The manager looked at these on the day of the inspection. They told us they would remind all staff of the importance of passing the

forms to the manager for review.

A relative told us they were not sure there were enough staff available to meet people's needs. They said, "[Person] needs one to one staffing constantly to be safe." The relative explained to us they were concerned that staff had to complete other tasks such as cleaning and cooking as part of their role. Staff told us they felt there were enough staff to meet people's needs. One member of staff said, "We never run one down. Something always gets sorted. We would never leave the service vulnerable." However they said it was difficult to make sure that all jobs were completed. Staff also told us that there was a limited number of permanent staff. This had an impact on the availability of staff. The manager advised that agency staff were used to ensure that there were enough staff available to meet people's needs. They explained where possible the same staff were used from the agency so they understood people's needs. Both people who used the service had been assessed by the local authority as needing one member of staff with them for 14 hours per day. The rota showed there were two staff on duty during the day and one member of staff at night which was in line with agreed staffing levels. The manager and operations manager acknowledged that when staff were providing one to one support for people it was harder for them to complete jobs such as cooking and cleaning and to have a break. They told us that a floating member of staff was to be appointed who would provide cover and support for completing tasks and to allow staff to have a break.

People were supported by suitable staff because the provider followed robust recruitment procedures. This enabled them to check the suitability and fitness of staff before they were employed.

People received their medicines safely. Arrangements were in place for the safe storage administration, storage and disposal of medicines. However, we found that not all medicines and creams had been dated when they were opened. It is important to do this so they are used within the recommended time from when they are opened. The manager told us they remind staff to do this and check it had been completed. Staff had received training in administering medicines and been assessed and deemed competent to do so. Each person had information in their support plan that identified what medicine they took, the dose and reasons for this. People stored their medicines in their room and were given them in private to ensure confidentiality.

Is the service effective?

Our findings

People were asked how they wanted to spend their time. One person did not want to participate in an activity and they were able to make their views known. Staff respected the choice the person made. Staff explained to us how people made their choices known using their preferred communication. A member of staff said, "I always check with people if they are happy with me doing something." Staff offered people choices throughout the day of the inspection. They did this using pictures or objects to allow the person to make their own choice. A member of staff said, "We offer people simple choices. I show people food or clothes so they can pick what they want." They explained that if people did not want to do something they would respect that choice. A member of staff told us, "If they say no then I leave it. If they really don't want to do something but it is in their best interests, for example, going to the toilet, I will keep trying. If it is something that can be changed we will change it."

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. The application procedures for this in care homes and hospitals are 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 were being met.

People's consent and ability to make specific decisions had been assessed and recorded in their support plans. Staff had received training in MCA and DoLS and understood their responsibilities under the act. One staff member said, "Both people have had DoLS requested. They have not got the capacity or understanding on how to do things in their lives." One person had a DoLS in place that had been approved. This had a condition recorded for the provider to seek medical advice in relation to the person's needs. This had not been identified or completed. The DoLS had been in place since 17 May 2017. The manager asked a member of staff to make an appointment for this to take place on the day of our inspection.

Each person had limited information in their support plan about the best way to communicate with them to help them to understand.

People appeared to understand what was happening by understanding of routines or use of other objects such as staff showing people their shoes to indicate they were going out. Staff were able to interpret what people were communicating to them through their body language, facial expressions and noises that they made. However, the staff who were on duty had worked with people for a long time and knew them well. They acknowledged that newer staff would struggle to understand how to communicate effectively with people.

We recommend that the provider seeks professional support with evaluating and understanding how people communicate and how to communicate with them.

A relative told us they were not sure all of the staff were trained. They said, "Not all of the staff are skilled. I think the company needs to provide more training." However, we found that staff had received training and support to enable them to fulfil their role. One staff member said, "I am up to date on training. We do a lot on line. I am more of a physical learner. I like to talk scenarios through with people. The training we do is good." Another member of staff commented, "I do prefer classroom based training. [Manager] will explain things to me if I am not sure." Staff explained they had done training that was specific to the needs of people who used the service. For example, one person did present behaviour that could be difficult to manage. Staff told us they had completed training in how to support the person effectively at times when they were displaying the behaviour. Records showed that staff had completed training in a range of courses. The operations manager told us they were introducing times during staff meetings and supervisions when training could be discussed to allow staff the opportunity to talk about what they had done and to check their knowledge and understanding.

Staff had completed an induction before they started to work at the service. One staff member said, "All new staff do the induction. It includes shadowing more experienced staff." As part of their induction staff completed the Care Certificate. This was introduced in 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. Staff told us that they had some supervision meetings with their line manager. One staff member said, "I had one in April. One was arranged and got postponed it does need doing. I can talk to someone if I am worried about anything." Another member of staff commented, "It has been a while since I had supervision. I have asked for one." The manager told us one of the improvements they were making was to ensure staff had regular staff meetings. They were in the process of arranging supervisions with all staff and these would take place regularly in the future.

People were supported to eat food they enjoyed and were prompted to eat a balanced diet. However, a relative told us, "They used to have home cooked meals but they go out for meals a lot now. I looked in the fridge the other day and there wasn't much in there. [Person's name] needs to eat healthy food." There was a menu planned for the week and this included two meals out which staff told us people enjoyed. Staff explained that the menu was based on foods that people enjoyed and they included healthier options to encourage a balanced diet. There were pictures of meals that could be used to help people make a choice. Some pictures were hard to determine what the food was supposed to be. Staff agreed with this and said the use of pictures for choosing main meals was not always successful. They explained that people would be given an option using objects instead. We found out of date vegetables in the fridge. These were disposed of. The manager told us they would ask staff to check the fridge more regularly. One person had their food prepared to a certain consistency. This had been advised by speech and language therapists. Guidance about how to prepare their food to the correct consistency was included in the person's support plan. Staff could explain how the consistency the person needed their food. People were encouraged to be involved in making their own food and drinks but showed a reluctance to do so.

People were supported to maintain good health. A relative told us, "My relative does see health professionals." People were encouraged to go to a health club to be weighed on a weekly basis to monitor their weight. Staff encouraged people to attend scheduled appointments such as with their GP. A staff member told us, "We monitor people. If we see they are not well we would ask for medical advice." Staff mostly updated records about people's healthcare appointments, the outcomes and any actions that were needed to ensure that all staff had up to date information about people's health needs. However, both people saw a chiropodist every six weeks. The appointments had not been recorded. The manager had

identified this and asked staff to update the records to reflect all visits. This had not been done. The last recorded visit was in October 2016. The manager assured us that people had seen the chiropodist since then and the records would be updated.

Is the service caring?

Our findings

People received care from staff who showed compassion and kindness in their interactions. A relative told us, "The staff I think are caring and they do care." We observed positive interactions between people and staff. For example, One person played a game with staff in the afternoon. They were laughing and smiling. The member of staff offered reassurance to the person and they enjoyed the interaction. People looked comfortable in staff member's presence. Staff involved people in conversations and focused on the person. Staff told us that they wanted to best for people who used the service. One staff member said, "It is like a family. Some of us have known them for a long time. There is a bond."

Information was available for people in ways that could make it easier for them to understand. For example, we saw that information about what activities people could chose to do was available in pictures so they had a visual choice. However, we did not see people offered the choice of activities using pictures. Staff told us that people did not always respond to the pictures.

People were encouraged to maintain their privacy and dignity. However, a relative told us, "I cannot say [person's name] has been treated with dignity and compassion in the past." Staff encouraged people to ensure that their clothes were adjusted to avoid exposure. They did this in a discreet way. Staff were observed to knock on people's doors and ask permission to enter. Staff also explained other ways how they promoted people's privacy. One staff member said, "I give people space in the bathroom. I make sure the door is shut and ask if they are happy for me to support them."

People were involved in making day to day choices about their daily routine and activities. One person chose not to go on the planned activity. They decided to stay at home on the day of the inspection. People were able to spend time the way they wanted. One person chose to spend time in the kitchen then moved to the lounge and staff asked them if they wanted some music on. At lunchtime we saw that the person was offered choice about what they wanted to eat by staff offering them egg mayonnaise or chicken for their sandwich.

People were encouraged to be involved in tasks that were aimed at developing their independence. One member of staff told us, "I encourage them with getting involved with the cleaning. Sometimes they don't want to. [Person's name] can do the washing. They know what to do." Support plans included information about what tasks people could do and what support they needed assistance with to guide the staff on how to support people to do what they could for themselves.

People had been involved in choosing how their bedrooms were decorated. Their rooms were decorated in colours that staff told us people liked. People had their own belongings in their rooms and they were personalised. Around the service there were pictures of people doing activities.

Advocates are people who are independent of the service and who support people to make and communicate their wishes. The manager told us that no one currently had an advocate. They explained that if someone needed an advocate then they would be supported to access one.

Is the service responsive?

Our findings

People participated in activities. A relative told us, "[person's name] has several bits of jigsaws puzzles they shuffle around. Why can't they give them a complete jigsaw and help them complete it? That would make more sense." Staff explained that the person did sometimes spend time with them completing a jigsaw. They said that the person also enjoyed moving pieces from jigsaws around and they used pieces from older jigsaws that were no longer complete for this task. On the day of our inspection we saw one person go out to a health club to be weighed. Staff told us they were then going out for lunch as the person enjoyed this. The other person decided not to go.

Staff offered the person some music to listen to at times joined in with singing. The person responded well by laughing and smiling when staff were singing. In the afternoon staff played catch with a ball for a while with the person. Staff remained with the person at all times. However, the only activities offered were listening to music and playing catch for a short time. There were long periods of time when the person was not engaged in an activity. Staff told us that they were trying to find things that people enjoyed. One member of staff said, "There is a lot more activities. 100% more; we are trying different things to see what people like." Staff explained that one person was declining to go out on a regular basis and they would try and find things they enjoyed doing in the service. People had a folder that contained pictures of activities they enjoyed. There was no structured activities for people to give them routine. Staff told us that people sometimes enjoyed going to a local day centre and had spent time with other people who visited the centre, however, this had not been done on a regular basis.

We recommend that staff seek advice about how to identify stimulating and meaningful activities so that people can have a structured plan to help them to develop and understand a routine.

People and their relatives were comfortable to raise a complaint if they needed to. However, they felt they were not always listened to. A relative said, "I have made complaints. But they have not been handled very well. I made the complaint in October 2016. I didn't meet anyone to talk to about it until June/July 2017. It seemed like it was brushed under the carpet." The complaints procedure was available in the service and used pictures and simple language to help people to understand this. The operations manager acknowledged complaints had not been addressed satisfactorily in the past. They had met with relatives to discuss any concerns they had and communication was on-going to try and resolve these.

People received support that was focused on them as an individual. Support plans had been developed with people who used the service and people who knew them. The operations manager told us they were in the process of reviewing the support plans and involving relatives. A relative confirmed this. They said, "I have only seen the support plan recently as it was updated. They changed a lot of it because of the non-existent activities. This is the first time I have been involved in the support plan." Support plans contained information about people's likes dislikes and preferences for how their support was delivered. For example, we saw the routine that one person preferred to follow in the morning was recorded in detail so that staff knew exactly what the person wanted to do. We observed the care offered to the person was in line with what had been recorded in the care plan.

People were supported to stay in touch with their family and friends. A relative told us, "I can visit whenever I want to." Support plans contained information about who was important to the person, how to contact them and important dates such as birthdays and anniversaries so that cards could be sent.

Is the service well-led?

Our findings

At our last inspection on 6 November 2015 we rated the well-led domain as requiring improvement. This was because concerns that had been identified as part of an audit in August 2015 had not been addressed.

A relative told us there was not enough consistency in the management of the service. They said, "They are always changing. [Operations manager] has been brilliant but they are off soon." Staff told us that there had been a number of management changes and this had impacted on the service that had been delivered. One staff member said, "I have had twelve managers in my time here. That includes senior manager changes. It has been a lot of hard work. I am hopeful that [manager] will stick around. They are making positive changes." Another member of staff told us, "It has worried me about the management changes. I am hopeful. [Manager] is approachable and will listen." After the registered manager left the service in April 2017 the provider had arranged for a peripatetic manager to support the service while they recruited a new manager. The operations manager had been asked to provide support to the service and the management team for a period of time to drive improvements in the service delivery.

Staff told us that they felt supported by the manager. One staff member said, "[Manager] is available and also on the phone if I need them. They will answer any questions." Another member of staff commented, "[Operations manager] is brilliant. They know all of the ins and outs. I ring her about everything. [Manager] and [peripatetic manager] have been brilliant. They are approaching things in the right way." All staff we spoke with told us that they felt comfortable raising queries with the management team. Staff had attended team meetings. However, these had not been held regularly until recently. One staff member said, "We are having them more regularly now than we used to. Everything gets put out in the open." The manager explained that they were trying to arrange meetings on a more frequent basis and would hold them monthly.

People and their relatives had been asked for their feedback on the service. A relative told us, "I share my views yearly. My comments are not actioned." Surveys had been sent out to people and their relatives in 2017. The manager told us that the results from these were still being analysed so we were unable to see what the feedback from this had been. The provider told us they had arranged a meeting to provide feedback on the findings that people and their relatives would be invited to in September 2017. The last resident's meeting had been held six months before our inspection. There were limited minutes available from this. The manager explained that due to people's communication needs a meeting was not the best way to seek feedback. They said that staff would seek people's feedback on a regular basis when they were providing support.

Systems and processes were in place to review the quality and safety of the service. The manager, the peripatetic manager and the operations manager had completed an audit and put in place an action plan with timescales to address areas for improvement. The provider carried out quarterly audits on all aspects of support in the service. This included checks on medicines, support plans and the premises. The audit action plan had identified most of the areas we found during our inspection. However, due to the short time the management team had been in post improvements were still being implemented.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures as they were available in the service.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The manager understood the responsibilities and the conditions of registration with CQC and ensured that these were being met. During our inspection we saw that a poster was displayed in a prominent position to tell people the rating from our previous inspection. We also saw that the rating was displayed on the provider's website. The display of the previous rating is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors.