

Voyage 1 Limited

Fenney Lodge

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

Fenny Lodge is a care home for people with learning disabilities, it can accommodate up to eight people in one house. Accommodation is provided on two floors, a lift is available to access the first floor. There is a small car park at the front of the building and roadside parking is also available. The service is situated in Catcliffe, close to Rotherham

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us the home was a safe place to live and work. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

Recruitment processes were robust so helped the employer make safer recruitment decisions when employing new staff. Staff had completed an induction at the beginning of their employment. They had access to a varied training programme and regular support and supervision was available to help them meet the needs of the people they cared for.

At the time of the inspection there was sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training and regular audits of the system.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were treated with respect, kindness and understanding. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them.

Care plans reflected people's needs and had been reviewed and updated to reflect people's changing needs. People had access to activities and stimulation, as well as regular outings into the community.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they would feel comfortable raising any concerns with the management team.

Relatives we spoke with told us the management team were approachable, always ready to listen and acted promptly to address any concerns.

There were systems in place to monitor and improve the quality of the service provided. Action plans were implemented for any improvements required and these were followed by staff.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

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?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Fenney Lodge

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 25 January 2017 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. For instance, we looked at the 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 looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were eight people using the service. As we were unable to communicate with some of people living at the home due to their complex needs, we spent time observing care and support during our visit. However, we spoke with two people who used the service and four relatives.

We spoke with the registered manager, the deputy manager, a senior support worker and four support workers. We also spoke with two health care professionals who were visiting the home at the time of the inspection.

We looked at documentation relating to two people who used the service and three staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they were well cared for, staff supported them and they felt safe. Relatives we spoke with told us they were confident that their family member was safe and well cared for. One relative said, "I know [my relative] is safe as if they weren't they would tell me." Another relative said, "Staff are excellent and ensure they [people they support] are safe." When we asked a person who used the service if they felt safe they said, "I am safe."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow. Staff were also aware of whistle blowing procedures and explained how they would do this if necessary.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe.

Staff understood people's individual needs and knew how to keep people safe. We saw they encouraged people to stay as independent as possible while monitoring their safety. Where assistance was required this was carried out in a safe way. Staff had received training in how to move people safely. We also saw appropriate arrangements were in place in case the building needed to be evacuated, with each person having their own evacuation plan.

We found there was adequate staff to meet people's needs. Staff we spoke with confirmed there was adequate staff to be able provide the care and support required, including accessing the community and activities. A robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled three staff files. Although the essential pre-employment checks required were not kept at the location we received confirmation from the providers' head office that they had been received. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines in the supported living schemes. This included the storage, handling and stock of medicines and medication administration records (MARs) for people.

Medicines were stored safely. We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed.

Is the service effective?

Our findings

People we spoke with said staff were kind and caring. One relative told us, "Staff are excellent, if I have any questions they are always dealt with." Another relative told us, "The staff maintain [my relatives] health and are very good at identifying when something is wrong."

We found staff had the right skills, knowledge and experience to meet people's needs. The registered manager told us new staff completed an induction. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role.

The registered manager was aware of the care certificate introduced by Skills for Care. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. They stated that any appropriate candidates employed would be expected to undertake the care certificate as part of their induction to the home.

Staff told us they felt they had received the training they needed to do their job well. The registered manager said staff had to complete the company's mandatory training, which included moving people safely, health and safety, food safety and safeguarding vulnerable people from abuse. Staff were also able to access specific training for example, autism and managing behaviour that could challenge. Staff had also received regular supervision sessions and an annual appraisal of their work.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found applications had been made to the DoLS supervisory body. Applications had been approved, and the registered manager said they were waiting for the outcomes of other applications. Where conditions were attached to the approved DoLS these were being followed and monitored.

Records we sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files.

At teatime we observed the meal being served and spoke to people about their satisfaction with the meal provision. The dining room had a relaxed atmosphere and staff provided the support people needed to eat their meal in an unhurried way. There was a choice of meal and people were given the choice to eat together or on their own. One person did not want their meal at the time everyone else ate and we saw the staff respected this and ensured a meal was saved.

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as doctors, district nurses, chiropodists and occupational therapists.. We spoke with a visiting health care professional they were very happy with how the staff at Fenney Lodge worked with the people they supported. They said, "The staff call for advice and follow any advice and guidance given, they are very keen to ensure people's needs are met."

Is the service caring?

Our findings

Our observations, and people's comments, indicated that staff respected people's decisions and confirmed they or their relatives, had been involved in planning the care staff delivered. Relatives told us staff were very good, were patient and understanding and knew the people they supported very well.

Staff provided a caring and supportive environment for people who lived at the service. All staff we spoke with were passionate ensuring people were well cared for one staff member said, "You treat people as you would want your own family to be cared for if they were in care."

Another staff member said, "We have a dignity champion and we all ensure people's dignity is always respected." We observed genuinely warm interactions between people and staff and it was clear that staff knew people very well.

We observed there was a happy and relaxed atmosphere in the home and there was a lot of friendly banter between people and staff. One person liked to know what was happening and followed staff, the staff joked with them that they 'were nosy' the person laughed with them and agreed. Staff told us, "They [the person they supported] didn't miss anything." It was clear the person had good relationships with the staff who supported them, the banter was inclusive and positive. Staff had an excellent knowledge of how people preferred to be supported and there were detailed support plans detailing how people communicated their wishes and how staff should respond.

We saw staff knew people's preferred method of communication and could interpret people's gestures and facial expressions. Records we looked at showed that people had care plans in place that included information about their communication needs. Some residents and staff communicated using recognised symbolic methods or picture cards. Staff communicated easily with people and always understood when someone required assistance or was asking for something even when the person had no verbal communication.

Staff told us how they promoted people's dignity in everyday practice. We saw that staff supported people with their appearance and sensitively prompted them when they needed support in this area.

We observed that people could spend time alone in their bedrooms or in quieter areas of the home if this was their preference. Staff were respectful of people's need for personal space and we saw they prompted other people to respect this also. People had been well supported to create their own personal space in bedrooms with pictures and decoration of their choice. We saw that staff were mindful of protecting people's privacy whilst in their bedrooms.

Is the service responsive?

Our findings

Relatives we spoke with told us they were happy with the care and support provided to their family member. A relative commented, "The staff are lovely, they are always able to help and willing to sort things out."

Each person had a care file which contained information about them and their individual care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home. Care plans and risk assessments had been evaluated and updated on a regular basis. People we spoke with told us staff listened to them and looked after them well. People who were able confirmed they had been involved in planning their care and support. A relative told us, "I am involved in the care planning and the staff listen to my suggestions and will seek advice if required from professionals."

Records showed the provider worked responsively with external professionals, such as social workers, occupational therapists and commissioner. We saw records were documented following any input from health care professionals and we saw one care plan had been updated following a review. A health care professional we spoke with told us, "It is a good service; staff provide a consistent approach and will always contact us for advice if they are unsure."

People were supported to access the community and participate in activities. People had been on holidays and at the time of our visit the staff and people they supported told us they were arranging holidays for this year. One person was very excited and told us about the holiday they had booked. They were looking forward to it; they had been able to choose who they wanted to go on holiday with both staff and other people they lived with at Fenney Lodge.

People were involved in making choices and decisions. People told us they liked going out and one person told us, "I am going to the disco." Some people had been out during the day of our visit we saw a varied activity plan and many were individualised to meet each person's needs and choices.

There was a complaints' policy which was given to each person when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. A record of compliments received had been maintained with outcomes

The provider had a complaints procedure which was available to people who lived and visited the home. Records showed any concerns received had been logged along with the outcome and any actions taken. Where people had raised concerns with the local authority we saw these had also been documented and investigated.

The people we spoke with told us they felt any concerns highlighted would be taken seriously by the management team and they would take action to address them. One relative commented, "I have no concerns I wouldn't change anything."

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

There was a structured team in place to support the registered manager. This included a deputy manager and senior support workers. Each member of staff we spoke with were clear about their role and the roles of the other staff employed at the home.

Most people using the service were unable to communicate their views about leadership of the service but our observations saw that the service benefitted positively from the manager and the way in which the home was run. A staff member said, "I love working here." Another staff member said, "We have regular staff meetings and we can also talk in confidence."

Staff told us that they felt well supported by the manager and the team leaders. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns. Staff felt there was strong teamwork and everyone pulled together to share ideas and resolve problems.

We found systems were in place for managing safeguarding concerns and incidents and accidents. From discussions with staff it was evident that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the operations manager and the registered manager. Any issues identified were recorded on an action plan and were actioned. They told us they completed weekly, monthly and quarterly audits which included environment, health and safety, medication and care plans. We saw a variety of audits and it was clear from talking with staff that any actions identified were addressed.

The registered manager actively sought the views of people who used the service. This was done in a number of ways such as daily interactions with people, resident meetings and questionnaires. People's feedback was taken into account to improve the quality of the service.

Communication within the staff team was described as good. Regular hand overs kept staff informed of people's changing situations. Staff meetings enabled staff to keep up to date with news and events.