

Voyage 1 Limited

183 Ashby Road

Inspection report

183 Ashby Road
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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

183 Ashby Road provides accommodation and residential care for up to five people with learning disabilities. At the time of the inspection there were five people living at the home.

At the last inspection on 18 November 2015, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe with the staff that supported them. Identified risks were managed in a way that ensured risks to people were minimised whilst promoting their rights and choices. People were supported to take their medicine when needed and this was done in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Checks were made before employment to confirm staff were of good character and suitable to work in a care environment.

There were enough staff available to ensure people's needs and choices were met. Staff received training to support the people they worked with and supervision, to support and develop their skills. The staff team actively sought and included people and their representatives in the planning of care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported by a consistent staff team that knew them well and promoted their independence. Staff understood people's preferred communication method and the support they needed to make their own decisions. When people were unable to consent to specific decisions they were supported in their best interest.

People's needs were assessed and support plans were developed with people to enable them to be supported in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and were supported to use healthcare services. The delivery of care was tailored to meet people's individual needs and preferences. People were enabled to develop and maintain interests both at home and within the local community to promote equality and integration.

People were treated with respect and supported to maintain their dignity. The staff worked in partnership with people when supporting them. Staff knew people's likes and dislikes and support records reflected how people wanted to be supported and how care was provided.

There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences. Recruitment procedures were in place to ensure the staff employed were suitable to support people.

Is the service effective?

Good ●

The service remains effective.

People were supported by staff that received training and support and the registered manager had identified and planned further training that was needed. People were supported to make decisions and to maintain a diet that met their requirements and preferences. People's health was monitored to ensure any changing needs were met.

Is the service caring?

Good ●

The service remains caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

Is the service responsive?

Good ●

The service remains responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received. Staff worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible to people and their representatives and complaints were addressed in a timely way.

Is the service well-led?

Good ●

The service remains well led.

People were encouraged to share their opinion about the quality of the service to enable the provider and registered manager to identify and make improvements where needed. The staff team understood their roles and responsibilities and were empowered to develop their skills. Systems were in place to monitor the quality and safety of the service provided.

183 Ashby 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 7 April 2017 and was unannounced. The inspection was carried out by one inspector.

As part of this inspection we looked at the information we held about the service and the information contained within the Provider Information Return (PIR). The PIR is an opportunity for the provider to give us some key information about the service, what they do well and their plans for the future. We also looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We reviewed this information when we planned the inspection.

We spoke with four people who used the service and one person's relative, three care staff, a senior carer and the registered manager. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We also looked at the care plans for two people to see if they accurately reflected the care they received. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People told us they felt safe with the staff. One person told us. The staff are nice; they support me and if I am feeling a bit low they help me. I definitely feel safe with them." Another person said. "I like the staff, they are all nice." We saw that the staff had a good rapport with people and they appeared relaxed and comfortable with the staff supporting them.

Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report any concerns to the manager or one of the seniors if the manager wasn't here. We can also report to CQC or the local authority if we need to." We saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe. The registered manager had completed level 3 in safeguarding management to enhance their understanding and knowledge. Records demonstrated that they had made referrals to the local authority safeguarding team when needed and notified us of these referrals.

All of the people living at the home received varying levels of one to one support. The amount of one to one support related to each person's assessed needs. For example one person only required one to one support to access some appointments within the community, such as health care appointments. Other people required one to one support throughout the day. People were supported by a consistent staff team and had key workers. One person told us, "I have two keys workers and they go through my care plan with me." A relative told us, "[Name's] key worker understands all about their condition and the support they need."

We saw that people were supported to take responsible risks and staff helped them with living skills. The manager had considered identified risks and worked well with people, their family and other professionals involved in the person's care, to put measures in place to support their welfare.

People who used the service were protected against the risk of unlawful or excessive control or restraint. Staff told us they were provided with training called Management of Actual or Potential Aggression (MAPPA). This training teaches staff safe management and intervention techniques to support people when they demonstrate behaviours that put themselves or others at risk of harm. We saw that these interventions were only used when other techniques such as distraction and redirection had failed. One member of staff told us, "I've been working here for eight months and only used MAPPA once. It isn't used regularly only when it's absolutely necessary." Another member of staff told us, "We know the triggers that make people anxious or upset. We can tell by people's behaviour as well for example [Name] will repeat words over and over. This lets us know they are getting anxious, usually distraction technique's work to calm them." We saw that detailed behaviour management plans were in place regarding predictable behaviours and how to support the person when these behaviours were demonstrated.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks

in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

People told us they were supported to take their medicines when needed. This support varied dependent on the person's assessed needs. For example one person required an injection to maintain their health. We saw they were able to administer this themselves with staff supervision and they were supported to do this. The provider had processes in place to receive, store, administer, and dispose of medicines safely. We saw that people were supported by staff trained to administer medicines. A medicine administration record was kept and we saw that staff signed when medicine had been given or if not, the reason why. Staff checked and recorded the balance of medicine remaining to ensure any errors could be identified. This showed us that a clear audit trail was in place to monitor when people had taken their prescribed medicines. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when 'as required' medicines should be given. Where 'as required' medicines were used, to support people that demonstrated behaviours that put themselves or others at risk; this was used when all other methods had failed. We saw these medicines were not used excessively or inappropriately.

Is the service effective?

Our findings

People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "I get to go out with staff whenever I want to and they help me and talk to me." Another person told us, "The staff are very good, they know us all really well and the support we need." One relative told us, "I couldn't have wished for [Name] to move to a better place, they seem so happy and they are looked after so well." Staff told us they received the training they needed to support people. One member of staff said, "The training we get covers everything." Another member of staff who had completed their induction told us, "I have completed the care certificate which was quite detailed and covered everything I needed. I do think though that you learn a lot on the job by getting to know people and by working with other staff." The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. Staff confirmed they received supervision and appraisals. One member of staff told us, "We have supervision every couple of months but they can be brought forward if you need them sooner." Another member of staff told us, "I feel supported by the manager."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that mental capacity assessments were in place where needed and were decision specific. The information in people's assessments and care plans reflected their capacity when they needed support to make decisions. Staff confirmed they were provided with training to support their understanding around the Act. Discussions with staff demonstrated they understood the principles of the MCA.

Where people had capacity to make decisions staff understood their responsibilities for supporting them to make their own decisions and we saw this was done. The registered manager enlisted the support of outside professionals to respond holistically to situations that required a best interest decision being made or to determine how someone's support should be given. As a result of this approach there has been a reduction in behaviours for one person who had displayed behaviours that put them and others at risk of harm. Assessments had been undertaken by an occupational therapist and a speech therapist. Their reports enabled the staff team to implement recommendations which enhanced the person's communication with staff. The registered manager confirmed that this person now knows who their one to one support is each day and has the use of technology through computer apps to support their communication methods.

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). Four people had restrictions placed on them as they needed support for their safety. An application to lawfully restrict their liberty had been made and approved and we saw these restrictions were continuously reviewed by a multi-disciplinary team, to ensure any unnecessary restrictions or conditions were removed when they were no longer needed. We saw that the decision to reduce the restrictions for one person had been undertaken with the full involvement of the

person and all professionals involved. The person was being supported to develop their skills. Measures had been put in place to support the person to maintain their safety, which were continuously reviewed. The registered manager told us they understood for some staff these decisions were difficult to understand and they had identified some staff required further training; to support their understanding around these risk managed decisions and this had been arranged.

People were supported by staff to purchase, plan and prepare their meals. One person said, "I go shopping with the staff and choose what I want to eat and they help me to make it." Information in people's support plans showed us that staff supported and encouraged people to maintain a healthy balanced diet. We saw that one person had been supported to lose weight. The support plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with their support plans.

We saw that people accessed health services and all appointments were recorded. One person was supported by staff to attend a health care appointment on the day of our visit. We saw that people had a health action plan which provided support staff and health care professionals with information about their health needs. This included information on the level of support the person needed with healthcare appointments and their preferred communication method. This was to ensure people could be supported in an individualised way when accessing health care services.

Is the service caring?

Our findings

People told us they liked the staff. One person said, "The staff are nice, they support me." Another person told us, "I get on with all the staff they always support me whenever I need them to." We observed a positive and caring relationship between people and the staff supporting them. People were comfortable with the staff and the staff demonstrated a good understanding of their needs and the level of support they required.

The service had recently appointed two dignity champions who formed part of a committee in the local area. Their role was to raise awareness in the team and engage in activities to promote an open culture that respected each person..

People were supported to be as independent as they could be. For example, one person worked voluntarily at a charity shop and plans were in place to enable them to travel independently. The manager told us, "This is something we are working towards with [Name] it will be done gradually and only if they want to do it, they need to feel confident about it." Another person told us they were able to go out of the home independently. They said, "I have staff support for certain things like doctors' appointments but I am ok going out on my own. I am going to the job centre this afternoon on my own. I'm fine doing that."

People's diverse needs were met by staff including their methods of communication. We saw that verbal communication was enhanced when needed. For example one person liked to see activities crossed off their daily planner when completed. This helped them to manage their day and feel in control. This person also wrote on their planner if they decided on an alternative activity to the one originally planned. This showed us that people were supported to make decisions and be in control of their lives.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person visited their family one weekend a month. A relative we spoke with confirmed they were supported to maintain contact and told us, "The staff even support [Name] to meet up with their brother, which they really enjoy."

Is the service responsive?

Our findings

Staff worked in partnership with people to develop their skills and confidence. For example, the service had been recently decorated. Everyone had been involved in this and had chosen what colour they wanted as a feature wall in their bedroom. One person had helped with the decorating. To ensure this was done safely, a risk assessment had been completed.

We saw that people were encouraged to increase their levels of confidence. Two people had attended a six week course with the Princes Trust. This course supported them to gain confidence, build team work skills and obtain qualifications. Risk assessments had been completed before the course commenced to enable them to attend without staff support. The registered manager ensured staff at the project were aware of their needs, and as a result both people were able to attend without their usual one to one support. Both people had expressed an interest in continuing their development through further courses and we saw these were planned.

People were supported to follow their interests and goals and be part of their local community. One person told us and showed us jewellery they made which they sold on social media and at craft fairs. Another person who enjoyed gardening showed us the work they had done in the garden. Two people volunteered in local charity shops with the aim of finding employment in the future. A relative we spoke with told us, "The support and encouragement [Name] gets is very good. I know they are happy because when we go out they are always happy to return. That tells me they feel at home."

Various methods were used to support people to plan their week ahead. Some people preferred to choose their activities and meal choices on a daily basis; others chose to plan in advance. One person, prior to them moving into the home had used pictures to plan their week. The registered manager confirmed the same communication package was purchased for continuity of support and this had proved effective in ensuring that the person had a smooth transition. Staff understood people's method of communication and these were used to support people to maintain and promote their independence. For example pictorial aids were used in the bathroom, to support one person to remember their shower routine.

We saw that people were assessed before they moved into the service to ensure their needs could be met. Support plans were completed to enable the staff team to support people in accordance with their needs and preferences. People confirmed they were involved in producing their support plans and risk assessments. One person said, "I was involved and still am, my keyworker goes through them with me and we make any changes when they are needed." We saw that monthly keyworker meetings with people were completed to support them to achieve their goals.

We saw that people were supported according to their individual needs when moving into the home. For example one person's transition plan included short visits and then overnight visits over the course of three weeks. The registered manager confirmed that this plan was undertaken with the person, their family and their previous provider. As a result of the careful planning and engagement with the person the move went

well. The person participated in completing their care needs assessment and compiling their support plans with the manager. Another person, prior to moving into the home was already working at a local garden centre three times a week. The registered manager confirmed they were keen to ensure that the person maintained this work and the relationships they had established when they moved into the home. They were supported to do this with the help of the staff who worked at the garden centre, who were involved in the transition. This enabled the person to have a smooth transition in to their new home.

People confirmed they would feel comfortable telling the manager or staff if they had any concerns. One person told us, "I would tell the staff if I wasn't happy about something. " Another person said, "I would tell the manager and she would sort it for me." A relative told us, "If I had any issues I would go straight to the manager, I have every confidence in her." A complaints procedure was in place and guidance was available in communal areas of the home on how to express a concern or raise a complaint. A system was in place to record the complaints received. We saw that complaints were addressed in a timely way and included the actions taken and the outcome.

Is the service well-led?

Our findings

There was a registered manager in post. People told us they liked the registered manager. One person told us, "The manager always has time to talk to me and discuss any problems with me." A relative said, "The manager has sorted a lot of things for [Name] I am very happy with the support they get and think the home is very well managed." We saw there was a positive atmosphere between people and the staff team and people told us they liked living at 183 Ashby Road.

The registered manager had a wealth of experience working with adults with a learning disability; this included people with complex additional needs associated with autistic spectrum disorder and mental health, acquired brain injury and physical disabilities. We saw that this knowledge had supported the registered manager in their understanding of supporting people in complex situations. There was an infrastructure of support for the registered manager which included a service manager, senior support workers and support workers.

The views of the people living at the home were sought on a regular basis through regular meetings and an annual service review. These involved the person that used the service, their family and key professionals. The feedback provided was analysed and an action plan drawn up and used in order to continually improve the service provided. For example, one identified action was for people to be able to have a say as to who would be supporting them. This was to ensure people were supported by staff that had similar interests. We saw that this had been discussed with one person who wished to have support for certain activities.

The registered manager encouraged staff to take ownership of their roles. This included delegating tasks such as rota planning, shift leading and mentoring. One member of staff told us, "It helps us to professionally develop our skills." Another member of staff told us, "We are a good team and work well together." This demonstrated that the registered manager empowered the staff team to enable them to manage the service in their absence.

The registered manager undertook quality audits each month, using the provider's corporate tool to assess the standards of care and support provided. Following the audit any required improvements were listed on the 'consolidated action plan' and all staff were encouraged to take part in making any improvements. The plan was reviewed regularly along with the annual service development plan.

The provider and registered manager understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.

