

Voyage 1 Limited

48 Heath Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

48 Heath Road is a residential care home providing accommodation to people who require personal care to up to 8 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 8 people using the service. People are accommodated over 2 floors, with their own individual bedrooms and individual quiet lounges as well as communal lounges and dining areas. The service is located in a village with good community access, close to local shops and transport links.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people with their medicines in a safe way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Staff knew and understood people well, supporting their aspirations to live a quality life of their choosing.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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 29 November 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good

The service was well-led.

Details are in our well-led findings below.

48 Heath Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

48 Heath Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 48 Heath Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from partner agencies and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed information we held on the service. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people that used the service. Not everyone using the service was able to speak with us, so we made informal observations and communicated with them in their preferred way. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 5 relatives of people who use the service. We spoke with 6 members of staff, including the registered manager, operations manager, deputy manager, senior support workers and support workers. We reviewed a range of records, including 3 people's care plans and relevant risk assessments, medicine administration records and some records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so, completing investigations and implementing measures to keep people safe.
- People and relatives felt the service was safe. One person said they felt safe using the service. A relative told us, "The service is quiet and safe. With [person's] needs we are sure 48 Heath Road is the right place for them."
- Staff understood their responsibilities to report concerns about abuse. One staff told us, "If we see something, we say something." Another said, "I know where to report to and take my concerns higher if needed."
- Safeguarding information was visible around the service in an easy-to-read format, which helped people to understand how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. For example, epilepsy care plans had clear guidance for staff on how to identify a seizure, what action to take in the event of a seizure and when to escalate.
- People lived safely and free from unwarranted restrictions. People were supported to take positive risks, which increased their quality of life or independence. This ranged from cooking to going on holiday abroad. This was because the service assessed, monitored and managed safety well, taking into consideration people's equality and diverse needs.
- The provider followed a positive behaviour support (PBS) framework. PBS plans were in place, person-centred, and explored different methods of how people could be supported to keep safe whilst experiencing periods of distress without the need for any restriction.
- Detailed autism and sensory assessments and care plans were in place where appropriate. These helped to ensure people were cared for in an environment that met their sensory needs.
- Routine safety checks were completed which meant people were living in a safe environment.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staff skills, qualities and interests were matched with the people they supported.
- Staff had time to meet people's emotional and well-being needs. Staff knew people well and we observed people and staff to have positive relationships.

- Relatives feedback confirmed there was enough staff. One told us, "There's plenty of staff, they will sit and talk to you and give you full feedback on how [person] is doing" and, "They have time to engage with [person], it's not just a case of supervising."
- The provider operated safe recruitment processes. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were able to be involved in the recruitment process, allowing them to have a say in who supported them.

Using medicines safely;

- People were supported to receive their medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- Records to support safe administration of medicines were in place and completed in line with best practice guidance.
- People received their medicines from trained staff, who's competencies were regularly assessed.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. The provider used an effective system to report, record and review accidents and incidents. This system allowed for a robust analysis which helped to make improvements to people's safety.
- The system was able to trigger where additional intervention may be needed. For example, where a behavioural incident was reported these were reviewed by the provider's behavioural therapist who was able to offer input and guidance to mitigate any further incidents.
- Weekly meetings were held to review accidents and incidents and explore themes and trends. Learning was shared with staff, for example through team meetings.
- Relatives fed back they were informed of accidents and incidents and were overall satisfied with action taken to reduce risk.

Is consent to care and treatment always sought in line with legislation and guidance?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. For people lacking capacity to make decisions about their care and support, mental capacity assessments and best interest decisions were held. DoLS applications had been made where appropriate.
- Staff understood the principles of MCA and what this meant for the people they supported. Staff empowered people to make their own decisions about their care and support. One staff told us how they presented choices in a way the person they supported could understand when out dress shopping telling us, "I support people to make choices wherever I can."

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service. One person told us they enjoyed living at the service. A relative said, "48 Heath Road are brilliant, I am so pleased with [person's] progress."
- Equality, diversity, and human rights underpinned the provider's visions and values. Staff understood the provider's objectives and were dedicated to supporting people to achieve positive outcomes and protecting their rights. One staff told us, "I want to help the service users and I think they have made a lot of progress in terms of their independence," and "I treat the people we support the way I would want to be treated, always."
- The provider had systems to provide person-centred care that achieved good outcomes for people. For example, the service was accredited with a nationally recognised society for its commitment to understanding autism and setting the standard for autism practice.
- The provider set a culture that valued reflection, learning and improvement. For example, peer audits were completed by managers from different services, which included reviewing aspects of the culture within the service to ensure it remained safe and open. This demonstrated leaders were receptive to challenge and welcomed fresh perspectives.

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 provider understood their responsibilities under the duty of candour.
- Relatives felt leaders were open and transparent. One relative told us, "There have been incidents, but overall, we are happy with how the service dealt with it, nothing got brushed under the carpet and the right professionals were involved."

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

- The service was well-led. The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs, regulatory responsibilities, and oversight of the service. People knew the registered manager, one relative said, "It is very well led, we can talk to [registered manager] at any time." One staff said, "We are in good hands with [registered manager]."
- The provider had an effective governance system which provided clear oversight of key risk areas within the service. Technology was well utilised to ensure compliance, keep people safe, protect people's rights and provide good quality care and support.

- A range of comprehensive audits and checks were regularly completed on the service. This also included themed audits which allowed for an in depth focus on different aspects of the service, such as epilepsy guidance.
- The registered manager was supported by other registered managers, the provider's operations management team and quality team who completed regular checks of the service. The registered manager told us, "I feel supported, we've got a good support network."
- Actions were generated from audits and pulled together on a consolidated action plan. This action plan was regularly reviewed by management to ensure progress was being made.

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

- The provider proactively engaged with people, the public and staff to ensure their voices were heard. Feedback was encouraged and there were various opportunities to be involved in the running of the service, through meetings and surveys for example.
- Feedback was analysed and used to make changes within the service. Any comments or suggestions were inputted onto the services' action plan.
- Staff felt supported in their roles and listened to by management. They received regular supervisions and team meetings which they told us they found helpful. One staff member said, "[Registered manager] is a very good manager, very approachable and I am listened to." Another said, "[Registered manager] acts on my comments straight away, for example if I have ideas for activities, they will say go for it."

Working in partnership with others

- The service worked well in partnership with a range of external stakeholders which helped to improve the health and well-being of people using the service. This included local learning disability services, commissioners and health and social care professionals.