

Voyage 1 Limited

Coombe Road

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 

Overall summary

This inspection of Coombe Road took place on 1 and 5 October 2015. The first day of the inspection was unannounced. At our last inspection in September 2013 the provider met the regulations we inspected.

Coombe Road is a care home that provides accommodation and personal care for up to eight people with complex learning disabilities, communication needs and behaviours that may require a response from staff.

The home had a registered manager in post. 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.

Two people told us they liked living at Coombe Road and said staff were kind and caring towards them. There was a relaxed and friendly atmosphere when we visited.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers were sufficient to help make sure people were kept safe.

Summary of findings

People received care in line with their wishes and preferences. Each person had an individualised support plan and activity schedule to make sure they received the support they required.

People were supported to have their health needs met. Staff at Coombe Road worked with other healthcare professionals and obtained specialist advice as appropriate to help make sure individual health needs were met. We saw that people's prescribed medicines were being stored securely and managed safely.

Staff attended regular training which gave them the knowledge and skills to support people effectively. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People and their relatives said they felt able to speak to the registered manager or other staff to raise any issues or concerns.

The registered manager supported staff to deliver appropriate care and support. There were systems in place to monitor the quality of the service and obtain feedback from people and their representatives.

Summary of findings

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 safe. People received the support they required to keep them safe. Identified risks to people's safety and welfare were being managed appropriately.

There were enough staff to meet people's needs.

Medicines were managed safely.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety.

Good



Is the service effective?

The service was effective. Staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

People were protected from the risk of poor nutrition and hydration.

Good



Is the service caring?

The service was caring. People were treated with kindness and their dignity was respected.

Relationships between staff and people using the service were positive. Staff knew people well and provided care and support in line with their wishes and preferences.

Good



Is the service responsive?

This service was responsive. Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities and to maintain contact with family and friends.

People using the service or their representatives felt able to raise concerns or complaints.

Good



Is the service well-led?

The service was well-led. There was an experienced registered manager in post who was visible and approachable. Staff felt supported in their role and said they did not have any concerns about the service.

There were systems in place to monitor the quality of the service and make improvements where needed.

Good



Coombe 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 was planned to check 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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 1 and 5 October 2015. The first day was unannounced.

The inspection was carried out by one inspector. We spoke with two people who used the service, the registered manager, a regional operations manager and three members of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for two people. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

After our inspection visit we spoke with two relatives to obtain their views about the care provided.

Is the service safe?

Our findings

One person told us, “I like living here” and confirmed they felt safe being there. Another person commented, “It’s not bad, better than some.” Other people living at Coombe Road were not able to tell us about their experiences of using the service. However, we observed people were relaxed and comfortable with staff on both days of our inspection. We spoke with two relatives who said they were satisfied with the service provided and had no concerns about their family members safety.

Staff told us, and records confirmed they had received training in safeguarding adults from abuse. They knew the action to take and who they would report concerns to in order to protect people using the service. Staff felt confident that senior staff would take appropriate action to keep the people at Coombe Road safe. One staff member said, “The organisation are very good on this” and showed us the displayed ‘See Something, Say Something’ contact information that could be used by anyone to report concerns about the service. Staff were also aware of the whistleblowing policy and we saw this was displayed on a noticeboard with a signing sheet to confirm each staff member had read and understood it.

Risk assessments formed part of each person’s agreed support plans. These included risk assessments about their health and other aspects of people’s daily living including activities outside of the home. The assessments were kept under review and updated if people’s needs changed. There were also general risk assessments for the home and equipment in use that were reviewed and updated as required.

We observed people spending time in the conservatory, dining area and lounge. There were staff present in this area so people were not left alone. We saw some people went out into the garden with a member of staff during our first visit and they made sure the person was safe. Staff

spoken with said that there were enough staff to meet the needs of people using the service. One staff member commented, “I think it is enough.” The registered manager and three care staff were on duty during our visits and duty rotas seen confirmed these levels were maintained consistently.

Medicines were managed safely at Coombe Road. All prescribed medicines were kept securely and the records were clear and up to date. The records showed that people were receiving their medicines regularly and as prescribed. Where people needed medicines only occasionally (PRN), there were protocols to inform staff when to use them. Records showed that staff received training to enable them to administer medicines safely and were assessed to check their competence.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with two employment references, a health declaration and proof of identity.

We saw the home was clean and hygienic. We saw regular checks took place to help keep people safe, for example, of hot water outlets and fridge temperatures. People had personal emergency evacuation plans (PEEPs) and fire alarm systems and equipment were regularly serviced. Accidents and incidents were monitored by the registered manager and reported on using an online system that alerted senior staff within the organisation as necessary. The organisation used E- bulletins to alert staff to any identified risks or changes in procedure following accidents or incidents at its services.

Is the service effective?

Our findings

Two people using the service spoke positively about the support provided by the staff working at Coombe Road. One person said, “A relative of one person referred to the home as “very good” and said their family member was “Always quite happy.”

Staff had the skills and knowledge to support people effectively. Staff said that they received the training they needed to care for people and meet their assessed needs. One staff member told us, “Our manager gets us up date with our training, he is always very strict with that.” Another staff member said “We have regular training.”

Records showed that staff had undertaken either online or classroom training across a number of areas including safeguarding adults, fire safety, food safety and moving and handling. Staff also received training in topics specific to the needs of people using the service, for example, around responding to behaviour, epilepsy and the administration of emergency medicines. A computerised system enabled the registered manager to monitor staff training and this flagged when a staff member needed to complete a refresher course.

Staff were supported effectively in their job role. Staff said, and records confirmed, that they received regular one to one supervision sessions with the registered manager where they could discuss their work and identify any training needs. We also saw that staff received an appraisal each year.

Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The

MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty. We saw, where possible, people were involved in decisions about their care and staff were aware that some people did not have the capacity to consent to some aspects of their care. Capacity assessments were used to record any decisions documenting the person’s ability to understand, remember, weigh and communicate the information provided to them and look at what was in their best interests. The registered manager had made applications as required to the local authority for DoLS authorisations for people using the service.

Two people told us they enjoyed the meals provided to them. One person said, “Fish and chips is my favourite, we have it every Friday” and they confirmed that they could have a different meal if they did not like what was being served. A weekly menu was used to plan the meals and we saw staff helping people choose their lunch in the kitchen on the first day we visited. A staff member told us, “We use pictures or open the fridge to help them choose.” We observed a plate guard was used for one person to help them eat without the need for staff support. Support plans recorded information about each person’s food and drink preferences along with any special dietary needs.

Staff supported people to access the healthcare services they needed. The support plans included a health action plan that addressed people’s needs and recorded details of how staff met these. Records showed that staff supported people to attend appointments with their GP, dentist, chiropodist and other more specialist health services.

Is the service caring?

Our findings

We asked people about the home and the staff who worked there. People said they liked living at Coombe Road and that staff treated them with dignity and respect. One person said, “The staff are nice to me” and another person told us, “They’re alright, they’re ok.” One relative told us that they could not fault the staff and another relative commented, “It’s all ok.”

Observed interactions between the people living in the house and the staff supporting them were warm and respectful. People looked relaxed and comfortable with the staff during our visit and they could choose what to do, where to spend their time and who with. Some people spent time in their bedrooms whilst others chose to sit in the communal areas or use the garden.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. One staff member said, “They have more than good care here, we offer choice and give them time.” Another staff member told us, “People are always treated with dignity and respect here.”

Staff were knowledgeable about people using the service, their leisure interests and their daily routines. Staff members spoken with gave examples of people’s individual likes and dislikes and how they supported these. Care records included the person’s preferences to help make sure that staff provided them with support in line with their own wishes. For example, the preferred daily routines were documented along with the things they enjoyed doing that were important to them.

Each person had a one page profile describing ‘what people like and admire about me’, what was important to the person and how they could be supported by staff. Both the registered manager and staff gave us examples of how they monitored each person’s wellbeing including the initial signs they would look for to indicate someone was upset or not feeling well. Staff discussed people’s changing needs in daily handovers along with more in-depth discussion at staff meetings held every other month.

People’s spiritual and cultural needs were supported by staff and these were recorded in their individual support plans. For example, staff supported one person to eat meals reflective of their cultural background.

Is the service responsive?

Our findings

One person told us how they enjoyed shopping and that they went out with staff each Monday to help with the weekly shop. They said they enjoyed making jewellery and were able to do this as part of their weekly activity schedule. Two people were out at a day centre on the first day we visited and two other people were supported by staff to go out for a walk.

Care records reviewed documented the activities taking place at Coombe Road. People using the service received regular visits from a musical entertainer and an aroma therapist. Other activities included exercise sessions, puzzles, going out for walks and shopping trips. A sensory room was available for people to use on the first floor of the home.

One relative felt that overall they were 'very happy' with the care provided but would like more activities and things to do laid on for their family member. The registered manager stated that they were looking to recruit activities workers for the service and that this was an area for further development. Another relative said they would welcome more regular contact from the home to keep them more up to date with what their family member was doing.

Support plans seen were detailed and person centred. They contained guidance for staff profiling each person's care needs across a range of documents including their personal details, a relationship circle, a one page profile and plans for areas such as communication, decision making and health. We saw that care documentation was kept under review and subject to audit by the organisation.

Each person had an allocated key worker who monitored their wellbeing and took particular responsibility for ensuring their care and support needs were being met. The monthly key worker reviews had, however, not been consistently completed by responsible care staff and the need to record measurable goals and the progress made toward these for each person was discussed with the registered manager. They agreed to review this area following our inspection visit.

People were supported to keep in touch with people who were important to them such as family and friends. A relative told us they were always made welcome when they visited and said that the registered manager and staff communicated well with them. Another relative commented that they would welcome more contact from staff by telephone to update them on their family member's progress.

A relative told us, "I can't fault the registered manager" and said they felt able to raise any issues or concerns should they have any. Another relative said, "I can talk to him" referring to the registered manager. The provider had a procedure in place to manage any concerns or complaints. The complaints procedure was displayed and records were kept of any concerns received by the service. These were monitored by the organisation as part of its quality assurance process. No concerns or complaints had been made within the last 12 months.

Is the service well-led?

Our findings

Relatives spoken with said the registered manager was approachable and the service was well managed. They said they felt comfortable speaking to the manager and could raise any concerns or make suggestions about their family member's care and support. One relative commented, "You can talk to him" and another relative said they had a good relationship with him.

Staff were positive about the way the service was managed. A member of staff said, "He is very approachable, very supportive". Another staff member commented, "Very understanding, very friendly and helpful." They said they felt confident to raise any concerns or discuss people's care.

The registered manager had been in post for over 14 years and demonstrated an in-depth knowledge of the service and the people who lived there. A deputy manager was being recruited at the time of our inspection.

The registered manager worked to ensure there was an open and transparent culture within the service where staff were encouraged to share their views and ideas on how the service could be improved. In addition to the regular staff meetings, staff were given the opportunity to complete an annual satisfaction questionnaire in May and June 2015. We saw some returned questionnaires during the inspection and noted the staff had made positive comments about the service.

People living in the home, relatives and visiting professional staff were also invited to complete satisfaction

questionnaires, all of which were used to inform the service development action plan for Coombe Road. This document was displayed on noticeboards for staff and visitors to reference and reflected the feedback from returned questionnaires with action required by who and when. We noted that measurable completion dates were not specified. For example, one action was to seek further activities for one person using the service but there was no specified date when this would be completed and by whom. There may also be opportunity to further link the objectives identified within the service review with individual care planning goals that could be monitored by key workers. This was discussed with the registered manager on the day of inspection.

We saw the registered manager carried out regular checks and audits of the home to assess the quality of service people experienced. These checks covered all aspects of the service including management of medicines, people's finances, health and safety and staff training and support. Examples were also seen where outcomes from safeguarding investigations were used as learning, both to inform changes in staff practice and to review the procedures in place.

Coombe Road was also subject to external quality checks by representatives from the organisation. The regional operations manager visited the home on a regular basis and compiled a detailed report of their findings. Copies of audits carried out were available along with action plans to address identified shortfalls. We noted that the organisational quality checks were aligned to CQC outcomes and underpinning regulations.