

Voyage 1 Limited

235 Rugeley 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 ●

Summary of findings

Overall summary

About the service

235 Rugeley Road is a residential care home providing personal care for up to 7 people. The service is an adapted two storey building split into 7 self-contained flats with a lift to access the second floor. The service provides support to people with acquired brain injuries. At the time of the inspection there were 2 people using the service.

People's experience of using this service and what we found

People were cared for by staff in a way that kept them safe and protected them from avoidable harm. Enough staff were available to respond to people's needs in a timely manner. People received their medicines when they needed them, and systems were in place to ensure medicines were stored and administered safely and adequate supplies were available. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. The premises were clean, and staff knew and followed infection control principles.

People's needs were assessed and planned and delivered in accordance with legislation and best practise. Staff were well trained and knowledgeable about the needs of the people they supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were kind and caring, the atmosphere in the home was friendly and relaxed. We observed staff interacting with people as equals. People were involved in making decisions about their care and were supported to maintain their independence.

There were systems to ensure care was responsive. People received care in accordance with their needs and preferences. People were supported to maintain contact with their friends and families. There were opportunities for social stimulation. People felt their concerns and complaints would be listened to and responded to. People were being supported to develop plans relating to end of life care decisions.

People gave us positive feedback about the quality of care they received. The feedback on the leadership of the service and the registered manager from people and staff was positive. There were effective governance systems in place to monitor the quality of service and the health, safety of welfare of people.

Rating at last inspection

The last rating for this service was requires improvement (published March 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.
Details are in our well led findings below.

Good ●

235 Rugeley 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

235 Rugeley 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. 235 Rugeley 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 9 February 2023 and ended on 9 March 2023. We visited the location on 9 February 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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 used information gathered as part of monitoring activity that took place on 31 October 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people using the service. We also spoke with 6 staff including the registered manager, deputy manager, seniors, and care staff.

We reviewed a range of records. We looked at 2 people's care plans and medicine administration records. We looked at 4 staff files in relation to recruitment and staff supervision. We received information from 5 healthcare professionals who have regular contact with the service. A variety of records relating to the management of the service were also reviewed, including training records, complaints, compliments, incident records, quality assurance processes and various policies and procedures.

Is the service safe?

Our findings

harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider was not ensuring people were kept safe from risks to their safety and medicines were not safely stored and administered. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments showed that people were involved in the management of their safety and where this was not possible the reasons were recorded.
- The provider has considered promoting and supporting people's safety and independence when equipping the home. We saw people's flats had cooking appliances that supported people to use them with minimal risk of burns and scalds.
- Staff that we spoke to were knowledgeable about the risks to the people they supported and how they could keep them safe from harm.
- The provider had a fire risk assessment and the people living there had personalised emergency evacuation plans written for them, identifying their needs in the event of an emergency. These plans were tested with regular fire drills.
- Regular checks were carried out on the fire alarm, emergency lighting and fire doors.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fridge/freezer and hot water temperatures had taken place.
- People received their medicines safely. They were ordered, received, stored, and administered appropriately.
- Daily stock checks along with weekly and monthly audits of medicines were in place to ensure medicines were given as prescribed and managed safely.
- Individual medicine support plans were in place to ensure a person-centred approach to administering medicines. Records contained a description, dosage, and any specific instructions for staff to follow.
- There was clear guidance available for medicine's that were to be given 'as required' such as paracetamol for pain relief. Staff were familiar with this guidance.
- The service proactively supported people's medicines usage and we saw examples where staff had identified where improvements could be made. One example was when staff identified that a person was having a serious side effect from a new medicine and sought medical attention immediately and requested a change of medication.

- Where people required their medication to be administered covertly the correct permissions were sought from professionals. We saw that it had been identified that improvement to how one person's covert medicines were provided, and staff had advocated on their behalf with the prescriber and pharmacy to make the required improvements.
- Staff who administered medicines had been trained to do so and had their competency regularly checked to ensure safe medicine administration. Competency assessments were carried out for each type of medicines such as tablets, liquids and creams to ensure staff administered them correctly.
- People had facilities for the safe storage of medicines in their flats to use if they wished to take their medicines themselves.

Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse as the provider had robust policies, procedures and guidance in place that provided staff with information on how to keep people safe.
- Records showed that when required the provider consistently notified safeguarding departments of potential abuse.
- Staff had received training on how to safeguard people from the risk of abuse. One staff member told us, "After my training, (registered manager) went through it with me to ensure I understood it".
- Staff understood how to recognise the signs of abuse and how to report this. Information was displayed in the staff room including contact details of the local authorities safeguarding department.

Staffing and recruitment

- People were complimentary about the staff, one person said, "The staff are brilliant, they are always willing to go above and beyond for me."
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.
- A family member told us, "Credit should be given to all members of staff here as they are all totally dedicated to the care they give".

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following national guidance in relation to visits to the service.

Learning lessons when things go wrong

- There was a robust system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.
- Accidents and incidents were reviewed to identify where lessons could be learnt, and actions were taken to prevent recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed and extensive planning and assessments of people's requirements were completed with them before they transitioned to 235 Rugeley Road. This was to maintain continuity of care and to ensure people felt comfortable moving into a new home.
- People were supported by staff to set goals that they wished to achieve. One person we spoke to told us about their wish to live independently and how he was being supported to achieve this.
- People's needs were reviewed regularly, and the service worked with other healthcare professionals to ensure the care and support provided remained effective to people's changing needs. For example, one person had not been mobile when they moved to the service but with support from staff and professionals was now able to mobilise independently around their flat.

Staff support: induction, training, skills and experience

- Staff were motivated in their roles and were passionate about the care and support they provided to the people living at the service.
- Staff completed a thorough 4-week induction programme when they started to work at the service and continued to receive ongoing support and training to develop their knowledge and skills. New staff were given the opportunity to work alongside more experienced staff whilst they were getting to know the people they were supporting.
- People told us all the staff were well trained and had the skills and knowledge to meet all their needs.
- Staff were given the opportunity to discuss their individual developmental and work needs during one to one sessions. These provided an opportunity for staff to discuss their role, training and any support they might require. One member of staff said, "The training and support is excellent."
- The registered manager told us that through these one to one sessions she had identified that there were some shortfalls in new staff's knowledge after their induction. They adjusted the induction programme to address this.
- Several staff had completed additional qualifications to improve their knowledge and others had taken on 'champion' roles to improve the service such as a medicine, infection control and health and safety champions.
- All of the staff we spoke to commented on the positive atmosphere at the home and the person-centred culture, one staff member said, "The people we support are at the centre of everything we do."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to eat and drink enough to maintain a balanced diet. Each person had a

detailed plan supported by professionals to ensure their needs were met.

- Where people were at risk of choking, there was guidance for staff as to how to prepare food and drink to reduce this risk. Staff told us they had received training as well and understood people's needs.
- Following a choking incident, staff had identified that the person was more at risk when they were agitated or distressed. The service had developed a tool to help identify when this person was more at risk and worked with speech and language therapist (SALT) to develop a flexible approach based on the person's level of agitation. This meant that restrictions on the person's diet were only made when necessary.
- Every person living at the home had cooking facilities in their rooms and people were encouraged to prepare meals independently and were supported to improve their skills to achieve this.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by a team of professionals such as physiotherapists, occupational therapists and speech and language therapist to ensure that their needs were met.
- Staff followed plans of care developed with the person and professionals and fed back any changes in the person's need to ensure the plan remained suitable for the person.
- Feedback from professionals supporting the service was consistently positive, one said, "The service will always seek advice from me and will implement any instructions provided by myself".

Adapting service, design, decoration to meet people's needs

- The property had recently undergone extensive renovation and the provider had created 7 self-contained flats within the home to support people to live independently.
- People's individual needs and independence were considered when selecting appliances in each of the flat's kitchens. For example, each flat had an induction hob that did not get hot to the touch and a single cup kettle that did not require lifting. These items reduced the risk of burns and scalds and enabled people to use them independently.
- One person's flat had an adapted kitchen which enabled them to raise or lower the worksurfaces to allow them to use it independently when using a wheelchair.
- Where people required further adaptations such as overhead tracking these were provided.
- People were encouraged to decorate their flats to their own tastes. One person showed us some artwork they had done with support from staff.

Ensuring consent to care and treatment in line with law 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service had a flexible approach to any restrictions it imposed on people, keeping them under constant review, making them in a time-limited way, and only when absolutely necessary.
- An example of this was that they identified when someone became anxious or distressed there were significant restrictions placed on them for their safety. The Registered manager had developed a bespoke auditing tool for staff to be able to identify when the person was becoming anxious and this allowed for staff

to use intervention techniques earlier which had reduced the number of times that the persons became anxious and distressed and reduced the need for the restrictions.

- Where people had restrictions of covert medicines, we saw these were only enforced as the last resort and were legally authorised. Reviews of such restrictions were under constant review in line with the principles of the MCA.
- Staff had completed training in MCA and had a clear understanding of how to support people in line with the principles of the act. One member of staff told us, "We support people's best interests and in the least restrictive way. We support them to make choices, even unwise ones."
- One professional said, "When I visit (person), the paperwork is always provided for me to review prior to meeting with them, and I even receive updated paperwork in-between my visits via email, (which doesn't happen anywhere else I visit). As such, I know of any changes to care and treatment which occur relating to the DoLS in a timely manner".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong and visible, person-centred culture at the service. We observed staff were offering care and support that was compassionate and kind. This positive culture was because staff had built trusting and positive relationships with people they cared for.
- A relative told us, "The relationship between staff and (my relative) is amazing to see. I have never experienced a negative atmosphere in the home".
- People were treated as individuals and their diversity was identified during initial assessments and discussions and where required adjustments were made. The registered manager spoke about a new service user due to move to the service and how they were researching the persons faith so staff could support them to maintain their beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were asked what was important to them through meetings, surveys and care reviews. Action was taken to ensure this was recognised and reflected in the planning of their care and support.
- One person told us that they had expressed a wish to have a doorbell for staff to use before entering their flat. We saw that this had been installed and staff using it throughout our visit.
- We saw that people were involved in all aspects of their care and when they were unable to, a reason was recorded.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their independence promoted. One person told us about their wish to live more independently and how staff were supporting them to achieve this.
- Staff recognised and understood the importance of empowering people to be as independent as possible.
- Care records showed the service learned about people's wishes, needs, life history, preferences, interests and key relationships in order to provide personalised care.
- Every person living at the home had cooking facilities in their rooms and people were encouraged to prepare meals independently and were supported to improve their skills to achieve this.
- People were supported with appropriate walking aids and equipment, to enable them to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to have their own space and had staff assigned to work with them. This meant that the person had more choices about their support. The home had been designed to encourage this.
- People were encouraged to take an active role in the planning of their care and support and we saw people's voice throughout their care plans.
- Where people could not take part in planning their care, we saw that the provider consulted families and had obtained life histories and information about their preferences, and these were used to help make decisions on their behalf.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were fully assessed prior to moving to the service and were detailed in their plans of care.
- We observed that staff knew people well and were able to identify when people were communicating they were becoming anxious or distressed. This meant that they could use interventions to help alleviate these feelings in a timely manner.
- Where required the provider could offer information in other formats such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships. Families told us that the home communicated with them constantly and kept them informed about their relative.
- Staff supported people to plan their own activities, considering what their preferences were and to support their individual goals to help increase their independence.

Improving care quality in response to complaints or concerns

- There was a system in place for the management of complaints with regular opportunities for people to express concerns, complaints, and compliments.
- The registered manager and wider leadership team took concerns and complaints seriously. Investigations completed were comprehensive. Managers understood reflective learning from complaints

was a good way to ensure the needs of people living at the service were met and ensured continuous improvement.

- The provider was open and transparent when dealing with concerns and complaints. People and their relatives told us they felt able and supported to raise concerns when needed.

End of life care and support

- At the time of the inspection nobody was receiving end of life care and the provider was supporting people to identify how they would like their end of life journey to be.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the providers systems had not identified concerns with how risks were being managed and procedures to keep people safe were not being followed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a clear management structure that passionately promoted person-centre care.
- Staff spoke positively about the management team and said they were well supported. They told us that the registered manager was always available to discuss any concerns they had but there were opportunities to do this through staff meetings, coffee and chat sessions and supervisions.
- Professionals working with the home were equally complimentary about the management, one told us, "(registered manager) is a caring leader with a great team under her and I can see that management of the home is second to none".
- The registered manager had developed champions in the staff team to take responsibility for medicines, infection control and health and safety.
- Regular governance checks and audits were carried out by staff at the home and the provider and these were effective at identifying where improvements could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture which was person-centred, open and inclusive. The provider had a clear vision for the direction of the service which demonstrated ambition to be the very best they could be, with a desire for people to achieve the best outcomes possible.
- People's views contributed to the delivery of high-quality, person-centred care. There was open communication between the provider, registered manager, staff and people who used the service to ensure everyone's voice was heard.
- People were supported to be as independent as possible. The provider invested heavily in the home and had carried out a complete refurbishment, which had created 7 self-contained flats.
- There was a strong emphasis on learning from feedback, striving to improve. All of the staff we spoke to

told us that there was a positive atmosphere at the home, one staff member said, "This place is brilliant, great managers, seniors and staff and the people we support are great". A family member said, "Each time I have visited the home, the atmosphere has been cheerful, happy and full of joy".

- The registered manager was supportive of the staff team and had offered changes to the rota to reduce travel costs for staff and had set up a welfare cupboard where staff could take food from if they were struggling financially.
- Feedback from people and relatives was extremely positive. One person told us, "(registered manager) is the best and staff always go above and beyond". A relative said, "They are living the best life they can. The move to this home has been the making of them".
- The registered manager recognised staff achievements and hard work, knowing that this would support staff to feel valued, remain motivated and drive excellent care provision.
- The provider encouraged regular feedback both formally and informally through a range of surveys, meetings, phone calls and email updates. The registered manager told us this provided people and relatives with different opportunities to be involved in the service.

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

- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We found incidents had been recorded, investigated, and reported as required.
- Openness and honesty formed part of the service's values.

Continuous learning and improving care

- The registered manager had created a strong culture of continuous improvement where people and staff were empowered to make suggestions about how the service could be improved. We saw that they were listened to, and actions were taken.
- The home had a quarterly improvement plan which identified weaknesses and had an action plan to address them.
- We saw examples of where an adverse incident had been reflected on and used to identify improvements

Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals to support people's needs.
- Healthcare professionals spoke positively about the working relationships they had built with the management team and staff. Comments included, "They always take on board any recommendations, I definitely feel we have a good relationship