

Voyage 1 Limited

26 St Marks Road

Inspection report

26 St Marks 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

26 St Marks Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Marks Road is registered to accommodate eight people; at the time of our inspection there were eight people living in the home.

At the last inspection in October 2015 this service was rated good. At this inspection we found the service remained good.

The service had a registered manager. 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.

People received care from staff that knew them and were kind, compassionate and respectful. There was sufficient staff to provide the care and support to people that they required.

People's needs were assessed prior to coming to the home and detailed person-centred care plans were in place and were kept under review. Risks to people had been identified and measures put in place to mitigate any risk.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting. People and where appropriate their relatives were involved in decisions about the way in which their care and support was provided.

Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

There were comprehensive systems in place to monitor the quality and standard of the home. Regular audits were undertaken and any shortfalls addressed.

The registered manager was approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken.

The service strived to remain up to date with legislation and best practice and worked with outside agencies to continuously look at ways to improve the experience for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

26 St Marks 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.

The inspection took place on 1 November 2017 and was unannounced. The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance the expert by experiences had experience of caring for a relative living with learning disabilities.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During our inspection we spoke with four people who lived in the home and five members of staff; this included four care staff and the registered manager. We were also able to speak to two relatives by telephone.

We observed care and support in communal areas including lunch being served. A number of people who used the service were unable to verbally communicate with us; we undertook observations of care and support being given. We also 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 looked at the care records of five people and four staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

We observed and relatives told us that people were safe. One relative told us, "I feel that [family member] is safe; I regularly visit sometimes without telling them and I don't have any concerns." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report any concerns they may have. One staff member said, "I would report any concerns to the manager, who I know would follow it up appropriately. I know I can go to the safeguarding team at the council and we have a procedure to follow as well."

Risks across different areas of people's life were assessed to ensure they were as safe as they could be. We saw that care planning and risk assessments were linked with each other which made it clear to staff how best to support people. Assessments were positive in their nature and promoted people's independence as much as possible. Accidents and incidents were regularly reviewed to identify trends and the service had an effective system in place which ensured senior staff in the organisation were alerted to higher levels of risk and to ensure that the appropriate actions were taken if necessary.

There were enough staff employed by the service to make sure people were safe and received the care they needed. One relative said, "I have no concerns about staffing." The rotas we looked at confirmed that staffing was consistent, and during our inspection we saw that enough staff were on shift to meet people's needs. People were safeguarded against the risk of being cared for by unsuitable staff. The recruitment files we viewed contained evidence that the necessary employment checks had been completed before staff commenced work at the service.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff followed guidelines for medicines that were only given at times when they were needed for example paracetamol for when people were in pain. Staff had received training in the safe administration, storage and disposal of medicines and competency assessments were undertaken at regular intervals.

People were protected by the prevention and control of infection. We saw that all areas of the service were clean and tidy, and that regular cleaning took place. Staff were trained in infection control, hand sanitising units were present around the service, and staff had the appropriate personal protective equipment to prevent the spread of infection. The service had a five star food hygiene rating.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment used to support people, such as hoists were stored safely and regularly maintained. Hoist slings were clean, odour free and had each person's name written in them to ensure the correct size sling was used for each person and to prevent any cross infection.

Is the service effective?

Our findings

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's capacity to consent to their care and support was sought by staff on a day to day basis and referrals had been made to the local authority for people who lacked capacity to consent to their care and support. One member of staff told us "It is so important that we offer service user's choice and always tell them what we are doing." During the inspection we observed staff offering people choices about meals, activities and a variety of other topics. The providers' Mental Capacity Act policy outlined the way in which formal assessments of capacity should be completed by staff and we found this had been followed. There was also detailed information in each person's care plan about when the best times were to discuss with a person a decision that may need making. For example, 'not in the evening when a person gets tired'.

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. One relative told us "I was consulted a lot when [my relative] was moving in to the home to make sure that the home had all the information they needed; and I am happy to say I am still consulted and very involved." Thorough assessment of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

Staff received the training; support and supervision that they needed to work effectively in their role. One member of staff told us "We get regular supervision and get to discuss any issues that we want to. The manager is very approachable. It's like a family here; I feel very well supported." Another member of staff told us "Training is really good, we are encouraged and supported to learn and there is specific training available if we want to progress our careers."

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. One relative told us "I have no concerns at all; all of the staff are completely on the ball and take excellent care of [relative]." Any changes in people's health were recognised quickly by staff providing support and appropriate referrals to healthcare professionals were completed in a timely manner.

People were supported to eat, drink and to maintain a healthy balanced diet. One relative told us "The food here is lovely, always freshly cooked and lots of choices." We saw that easy read menus were in place to assist with people choosing meal options. People who had been assessed as being at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People were encouraged to eat and drink throughout the day and had access to snacks and drinks.

The home and outside areas were fully accessible to people and they were able to make use of the whole garden area. People's bedrooms were personalised and communal areas were bright and welcoming.

The registered manager worked in partnership with other agencies to improve people's experience of living in the home. For example, referrals had been made to other professionals involved in people's care such as dieticians and the community team for learning disabilities to ensure people received the care they needed. During the inspection we observed staff liaising with the district nurse to ensure that health treatment booked a few days ahead was scheduled correctly. This was due to a planned social activity to ensure the person received the health intervention they required and attend a social event they had planned.

Is the service caring?

Our findings

We observed and people's relatives told us that they were consistently treated with dignity, respect and kindness. One relative told us "The staff are very pleasant; always want to do their best." Another relative told us "The staff are all really friendly and caring and they listen to me."

We observed that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from the lounge or dining room the staff explained what they were doing and engaged in conversation with people. People's preferences in relation to the gender of carer that supported them were respected by staff and recorded within their plans of care. Staff told us that they promoted people's dignity by ensuring that any personal care was delivered in private and by waiting to be invited into their room when they knocked on people's bedroom door before entering.

People were relaxed in the company of staff and clearly felt comfortable in their presence. Staff knew people well and engaged people in meaningful conversation. Staff asked people about their family, important events in their life and created a relaxed social atmosphere through their conversation with people. People's choices in relation to their daily routines and activities were listened to and respected by staff. One member of staff told us "It is so important that we know what people are communicating to us; we know if one person holds a picture of their family member then we know they want to make contact with them and we arrange that."

Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a respectful manner and offering people choices in their daily lives, for example if they wanted any snacks and where they wanted to eat their meals.

Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance. We observed many occasions where staff were on hand to provide reassurance and offer support, either physically or emotionally.

Is the service responsive?

Our findings

People were supported to be involved in decisions about their care. One relative told us "[Person] has choices about everything, they are always offered choices and the staff listen to them if they refuse things as well." People had a range of assessments and care plans to guide staff in providing consistently personalised care and support. One member of staff told us "People's care plans are useful in telling us what help people need. We always discuss people's needs and any changes during our handover meetings though so we know exactly how to help people." There was a handover each day to the next staff team on shift and each person living in the home was discussed including any changes in people's care needs. People's plans for the day were also discussed to ensure that staff provided people with appropriate care and support in line with people's personal preferences.

People were supported to maintain links with their family, friends and the local community. People were supported to attend community activities outside of the home including visiting the community church, watching football matches, attending clubs and disco's and sensory walks. Some people also chose to spend their time at day opportunities for adults with learning disabilities; other people were also supported to keep in touch with friends from previous residential settings.

The provider had a system in place to manage and respond to people's complaints appropriately. There had been no complaints received since the last inspection. The registered manager was aware that people using the service may find it difficult to communicate they wanted to complain about something; so it was ensured that people were given an opportunity at every keyworker session to say if there was anything that they were not happy about.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it; to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service had developed very comprehensive communication plans for everyone using the service which set out clearly how to communicate with each person and what format they preferred information to be shared with them.

Communication plans were person centred and gave very detailed guidance for staff supporting each person. For example, a person may make a 'mellow' noise if they are happy and the noise will be louder if they are not happy. Another person communicated through an iPad and another person was in the process of being assessed by the speech and language therapy team for a specialised piece of equipment which the person operates with their eyes.

Is the service well-led?

Our findings

There was 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.

The registered manager received consistent and regular support from the provider and systems and processes to oversee the service were in place. The registered manager and provider utilised a system of quality assurance and it was clear that actions were taken to address any shortfalls. For example it had been identified in an audit that the flooring in the office area required replacing and on the day of our inspection we observed a contractor taking measurements.

The provider had also developed a system of 'quality checkers' who were people who used other services that the provider operated. The quality checkers completed quality assurance processes in the home and spoke to people, staff and relatives. Comments from the quality checker included, "People's support guidance was very detailed" and "The service was very relaxed and had a lovely feel."

There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. People could be assured of receiving care in a home that was competently managed on a daily basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. The management analysed incident and accident reports to try to identify trends that could be addressed to minimise incidents occurring again in the future.

The registered manager used feedback from people and their relatives to continue to develop the service. Since our last inspection the provider had received feedback that it would be beneficial to people if there were more staff available that could drive to support activities in the community. The provider listened to the feedback and recruited two extra staff who were able to drive. The registered manager ensured that people and their relatives were kept up to date about developments in the home through a newsletter.

The manager was a visible role model within the home and staff felt supported and had a clear understanding of the vision and ethos of the service. Staff were extremely positive about the registered manager and told us they felt valued and listened to. One member of staff told us "The manager is so supportive here. She sets high standards and everything is about our residents. She makes sure that we [staff] are also happy in our roles."

The registered manager recognised the staff's contribution to the service by developing a staff member of the month award. The staff were nominated by other staff, people and their relatives. The award for the current month was given for a 'consistent person centred approach and for being a positive influence regarding supporting people with dignity.'

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts had been raised with the local authority when required and the service had provided information as requested to support investigations. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.