

Voyage 1 Limited

46 Derby Road

Inspection report

46 Derby 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

We inspected the service on 18 October 2018. The inspection was unannounced. 46 Derby 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. The service accommodates three people and on the day of our inspection three people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 1 March 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was 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. The registered manager was visible and approachable in the home. They worked with the provider to ensure that the quality of people's care was monitored and improved.

People continued to receive care in a way that maintained their safety but promoted their independence. Staff were confident in the action that they should take if they were concerned people may be at risk. The provider ensured that sufficient numbers of staff that had been subject to pre-employment checks were deployed in the home. Accidents and incidents were analysed for trends by the registered manager and provider and lessons learnt to reduce instances of accidents or incidents occurring again.

People's needs were assessed by staff that were supported by regular supervision and had access to the training they needed to equip them with the skills to provide personalised care. People were supported to eat and drink enough and their health and well being was promoted by staff who worked openly with other professionals involved in their care.

People were protected under the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff knew people well and people were treated with respect and compassion. People were supported to

have control over the care they received and detailed plans of care had been developed to provide guidance for staff in providing personalised care and support.

There was an open and transparent and person-centred culture with visible and effective leadership.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

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.

46 Derby 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.

This comprehensive inspection took place on 18 October 2018 and was unannounced.

The inspection team consisted of two inspectors. Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with three people who used the service for their views about the service they received. We also spoke with the operations manager and three care staff.

We looked at the care records of two people who used the service. The management of medicines, staff training records, as well as a range of records relating to the running of the service. These included audits and checks and the systems adopted by the provider to monitor the quality and safety of people's care.

Is the service safe?

Our findings

Staff knew what action they should take to keep people safe. One member of staff told us "People's care plans are very good here. They tell us about anything we need to know and what we should do to make sure people are safe." Assessments had been completed and detailed plans of care developed to provide guidance to staff in mitigating people's known risks. We observed that staff knew people well and were providing care in line with these assessments. For example, one member of staff was able to describe the triggers that may cause people to display behaviours that challenge services and outlined how they worked in a way that minimised these triggers and therefore reduced incidents and enhanced people's sense of well-being.

People were protected from the risk of harm because staff knew what action to take if they suspected people were at risk. Staff had received safeguarding training and were able to describe how they applied this learning in practice. One member of staff told us "any concerns I would report them straight away to the manager or whistle-blow." The provider promoted an open and transparent culture and supported staff in raising concerns and learnt lessons as a result of incidents, accidents or investigations. The provider monitored and analysed accidents and incidents for trends and ensured that action was taken where required to minimise the chance of accidents or incidents happening again.

People were supported by sufficient numbers of staff who had been subject to appropriate pre-employment checks. This helped to ensure that staff were of a suitable character to work in a care setting. One person told us "There are always enough staff working here. If I want to go out then the staff are always available to support me." One member of staff told us "There are always enough staff working. We don't have to rush and the rota is organised. We have a stable team here so we know people well." All of the people living in the home had one to one care at times throughout the day. We observed that there were sufficient numbers of staff available to provide this care and that the staffing levels and arrangements were designed around the needs of people in the home and were flexible in-order to cater for their preferences.

People could be assured that they would receive their prescribed medicines safely. One person told us "The staff look after my medicines and always make sure that I have them when I need them." Staff had received training and had their competency to administer medicines assessed before doing so independently. One member of staff told us "I do administer the medicines here. I follow the records very carefully and have had training and was also observed by the manager before I was allowed to administer them myself." Regular audits were completed by the registered manager to ensure that medicines were being managed and administered safely.

People were protected from the risk of infection. The home was clean, tidy and free from hazards. Staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards. Cleaning responsibilities were allocated to staff each day and checks were carried out.

Is the service effective?

Our findings

People's needs were assessed and regularly reviewed to ensure that their needs were suited to the service and could be met. One person told us "The staff regularly spend time with me talking about my care plans and what help I need." Staff had received the training that they needed to provide people's care and to work in line with best practice; promoting people's independence and enabling people to be active members of the local community. One member of staff told us "I have had lots of training. When I first started I also had an induction where I worked alongside other staff to learn what to do and get to know the people living here." Staff were also supported through regular supervision and appraisal. This meant that staff had the opportunity to reflect upon their practice, identify areas for development and access training that was relevant to their role.

People were enabled to be as independent as possible in the preparation of the meals and were supported to eat and drink enough and to maintain a balanced diet. One person told us "We plan our menus every Sunday and then go shopping with staff to buy what we need to. I cook at least once a week. My favourite meal is a curry and I cooked that for us all last night." We observed that people were able to access drinks and snacks freely throughout the day and that people were enabled to prepare meals independently with as much support as they needed to do this safely. Staff worked well with other professionals involved in people's care and where people needed support to access a particular diet because of their healthcare needs; this support was provided in a discreet and dignified manner. Staff ensured that people had a hospital passport and a health action plan to monitor people's health and well-being and take action when it was identified that people needed additional support to promote their health and well-being.

The home was adapted to meet the needs of the people who used the service. People told us that they had been supported to personalise their bedrooms. All areas of the home were well maintained and accessible to people. The home was located near to local public transport and people were supported to access the community freely and had as much choice and control over their daily lives as was possible.

Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Is the service caring?

Our findings

Staff knew people well and treated them with kindness and respect. One person told us "The staff are very nice. We get on well and have a laugh." People and staff were relaxed in the home and engaged in positive interaction throughout our inspection. Staff knew people well and were able to describe their interests, life histories and aspirations and how they supported people to achieve these. For example, one person wished to access paid employment. Staff supported them to obtain employment delivering leaflets and overcame a number of challenges to enable them to do this successfully. This enhanced the person's sense of well-being

People were supported to express their views and have as much choice and control as was possible over their day to day routines and care. One person told us "I have a keyworker who organises my help and we always talk about what I would like to do and what help I need. We get on well." People were supported to access advocacy services when they needed to and the service ensured that information was provided to people in a way that was accessible to them.

People were enabled to maintain relationships with the people that were important to them. One person told us "The staff drop me off to see my family so that I can spend time with them and watch the football."

People had their privacy, dignity and independence promoted. One person told us "They [The Staff] helped me to get a bus pass and a train concession ticket so that I could go out and about myself and see my family and go to work." People were also supported to develop their independence and daily living skills such as budgeting and house work. Staff focussed on supporting people to be as independent as possible. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. For example, one member of staff told us "I always make sure I knock before going into people's rooms and if I am helping them get washed or dressed I make sure the door and curtains are closed."

Is the service responsive?

Our findings

The care that people received was personalised and responsive to people's needs. People's care was planned and provided in a way that encouraged and maintained their independence and was focussed upon their strengths and enabling people to do as much as possible independently. For example, support plans were focussed on what people were able to do for themselves rather than the care that staff should provide. People were encouraged to be as involved as possible in planning their care to ensure that the way that they were supported matched their preferences. People's feedback was sought on a day to day basis by staff as well as more formally during regular reviews.

People were supported to follow their interests and hobbies. For example, one person told us about a trip staff had supported them to plan and go on to see aeroplanes because they had a passion for planes. They told us that the staff helped them go on-board planes and described what the cockpit of one plane looked like because they were unable to access this area. Another person told us that staff supported them to obtain a mobile phone that tracked their movements on a leaflet delivery round so that they could achieve paid employment.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The complaints procedure was available in an 'easy read format' and the health action plan information was available in a picture format.

The provider had a complaints procedure which they followed. Complaints were recorded along with the outcome of the investigation and action taken although no complaints had been received since our last inspection. However, people were enabled to provide feedback about the care and support they received. One person told us "Sometimes if I am not happy about something I will leave a note for the staff and they always talk with me and fix it."

People's preferences and choices for their end of life care were recorded in their care plan. Staff had liaised with people and their relatives to ensure that plans were developed and people's wishes were supported.

Is the service well-led?

Our findings

There was 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The registered manager was visible, accessible and worked with the provider to ensure that systems were in place to monitor and improve the quality of care people received. One person told us "The manager is very nice; I enjoy talking to them." One member of staff told us "[Registered Manager] is very good. They always sort out any problems and I know that I can approach them if I ever need help." The provider had ensured that a system of audits and quality assurance was in place to monitor and improve the quality of care people received. The registered manager completed audits in key areas of the running of the home which were overseen by the provider. Where actions were identified an action plan was developed and action taken in a timely manner to ensure that improvements were made

There was a clear person-centred culture that focussed on enabling people to gain and promote independence. It was evident that staff took pride in the achievements of people living in the home. For example, staff described how one person had become more settled since moving into the home and was now able to access the community independently, had gained employment and was a visible and active member of the local community. The operations manager told us that the home would support people for as long as they needed support but that their aim was to enable people to be as independent as possible and that for some people this would mean moving out of 46 Derby Road into their own property with support. The provider values and vision underpinned this approach to supporting people and ensured that the home worked in line with the values of Registering the Right Support.

The registered manager and staff had contacted and worked openly with other agencies when required. This included health professionals such as G.P's, hospital staff and consultants. Senior staff had arranged visits for professionals when required to ensure that people's needs were met. We saw records of these visits were recorded within the care records.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.