

Voyage 1 Limited

Parkgate 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

At our last inspection in November 2015, the service was rated 'Good'. At this inspection, the service continued to be good.

Parkgate Road is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Parkgate Road provides residential care to people with a learning or physical disability. The home is a detached residential house accommodating up to five people. On the day of our inspection visit five people lived at the home.

We carried out this comprehensive unannounced inspection on 19 September 2018.

A requirement of the service's registration is that they have 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post and had been for three years.

People felt safe and staff were available when people needed them. The provider's recruitment procedures minimised, as far as possible, the risks to people safety.

Procedures were in place to protect people from harm and staff knew how to manage risks associated with people's care and support. Processes were in place to keep people safe in the event of an emergency such as, a fire. Accidents and incidents were monitored and action was taken to prevent them from happening again.

Medicines were handled safely and people received their medicines when they needed them from trained staff.

People received support and treatment from health professionals when needed. The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible.

The home was clean and tidy and people's needs were met by the design of the building. Staff understand their responsibilities in relation to infection control which protected people from the risks of infection.

People enjoyed the food provided. Staff understood people's dietary requirements and preferences.

New staff were provided with effective support when they started work at the home and people confirmed staff had the skills and knowledge they needed to provide their care and support.

People were treated as individuals and were encouraged to maintain relationships important to them.

People's individual religious and spiritual needs were known and respected.

People's dignity and privacy was maintained and staff supported people to be as independent as they wished to be.

Staff were caring and the atmosphere at the home was warm and friendly. People planned and reviewed their care in partnership with the staff. Staff knew people well and people confirmed their care and support was personalised to their preferences.

People chose to take part in a variety of social activities which they enjoyed and people maintained positive links with their local community.

People knew how to make a complaint and felt comfortable doing so. No complaints had been received since our last inspection. People had opportunities to share their views on the service. The registered manager was responsive to people's feedback which meant people were listened to.

Staff enjoyed working at the home and felt supported and valued by their managers. People spoke positively about the leadership at the home and the provider's management team.

Effective systems to monitor and review the quality of the home was in place.

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 ●

This service remains Good.

Is the service effective?

Good ●

This service remains Good.

Is the service caring?

Good ●

This service remains Good.

Is the service responsive?

Good ●

This service remains Good.

Is the service well-led?

Good ●

This service remains Good.

Parkgate 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.

Inspection site activity started and was completed on 19 September 2018. We inspected the service because it was previously rated 'Good' and it was time for us to return to check whether the rating continued to be 'Good'.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about what the service does well and improvements they plan to make. The information reflected the service we saw and we considered it when making our judgement.

Before our inspection visit we reviewed the information we held about the home. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority commissioners who told us they were happy with the care provided to people. Commissioners are people who contract with the service, and monitor the care and support people receive when services are paid for by the local authority.

During our visit we spoke with one person and one relative about what it was like to live at the home. We also spoke with the registered manager, two senior care staff and a visiting health professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of two people to see how their care was planned and delivered. We reviewed two staff files to check they had been recruited safely and were trained to deliver the care people required. We looked at the record of checks the provider and registered manager made to assure themselves people

received a good quality service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

We observed people were relaxed and were comfortable to ask staff for assistance and that staff understood how to support people in a way that kept them safe. A relative told us "Everything here make me feel [Name] is safe." They went on to describe an occasion when their relative had a seizure and was very unwell. They explained that the staff member understood what they needed to do to help the person to breathe normally again

We saw enough staff were on duty to meet people's needs and a member of staff told us "There are enough staff, if anything we are overstaffed."

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Checks including references and a Disclosure and Barring Service (DBS) had been completed before staff started work in the home. The DBS is a national agency that keeps records of criminal convictions.

Procedures were in place to protect people from harm and staff received safeguarding adults training to support them to understand what constituted abuse. One staff member told us, "I would report any concerns to my manager. If I didn't get a response or if I felt it hadn't been followed through I would contact the operations manager or report it to safeguarding myself."

Risk assessments supported staff to manage and reduce risks associated with people's care. Staff confidently explained how they managed risks and their practices confirmed this. For example, we saw they reminded people not to rush when they walked around the home. One member of staff commented, "Everything we do is to keep people safe. When I start my shift I check the surroundings to make sure they're safe, for example I check that no one has left the front door open and I'm mindful of their surroundings so there is nothing people can slip or trip on."

A system to monitor accidents and incidents that occurred was in place. Incidents were analysed monthly and we saw action had been taken to prevent reoccurrence. For example, advice had been sought from health professionals such as psychiatrists to reduce risks. The registered manager told us, "When we receive guidance to manage specific behaviours it is shared with the staff team and the person's support plan is updated so that we all know how to support the person and keep them and others safe."

Processes were in place to keep people safe in the event of an emergency such as a fire. Each person had a personal evacuation plan which staff understood and was easily accessible in the event of an emergency.

Records demonstrated regular checks of the building and equipment took place to make sure they were safe to use.

A relative and staff told us, and medication administration records (MARs) showed, people had received their medicines when they needed them. Medicines were administered, stored and disposed of safely and in line with manufacturer's guidelines.

Staff had completed training to administer people's medicines safely and a manager completed regular observations of their practices to ensure they remained competent to do so.

Staff understand their responsibilities in relation to infection control which protected people from the risks of infection. One member of staff said, "We complete weekly health and safety checks for example, water temperature and legionella. We always wear disposable gloves and aprons when supporting a person with personal care and dispose of any soiled items in the correct coloured bags."

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill and understanding to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and the rating continues to be Good.

A relative told us, and we observed, staff had the skills and knowledge they needed to provide the care and support they required. One person said, "They (staff) have really good knowledge and understand the help [Name] needs."

All staff had received an induction which included shadowing more experienced colleagues and working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. The provider also supported staff to complete additional qualifications in health and social care.

Staff had opportunities to meet on a one to one basis with their managers which they told us made them feel supported to continually develop and improve their working practices.

We checked whether the provider worked within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were met. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had received MCA training and demonstrated they understood the principles of the Act. For example, they respected people's decisions to refuse care. People's care plans contained mental capacity assessments and there was clear information about what decisions people could make for themselves.

Some people lacked capacity to make all their own decisions and best interest decisions had been held with people closest to them. Outcomes of decisions were clearly recorded. Authorisations to deprive some people of their liberty had been sought and approved in line with legislation.

A relative and staff told us, and records confirmed people were supported to attend health care appointments when needed. A member of staff told us "Yes people always get appointments when they need them. When [Name]'s health changed earlier this year we were supported by district nurses and GP to manage their health needs, and we were able to ask questions so we could provide the best package of care."

One person who lived at the service had a Vagus Nerve Stimulator (VNS) fitted inside their shoulder. This is an

aid to reduce the number and severity of epileptic seizures they had. Staff were trained on how to use the VNS and the registered manager had produced an easy read, step by step guide for all staff to refer to if they needed to use it.

Staff knew what people liked to eat and drink and understood their dietary requirements. One staff member told us, "We know people really well, we have meetings with people every week to plan what meals they want but we always have food available to make alternatives if they change their mind." Staff knew how to monitor and manage people's nutrition and hydration if this was required, to make sure people's nutritional needs were maintained.

People's needs were met by the design of the building. The registered manager completed regular checks to make sure the home continued to meet people's needs and to continually improve the home to make sure it was a comfortable place for people to live.

Is the service caring?

Our findings

At this inspection we found staff provided the same level of caring support as at our last visit. The rating continues to be Good.

The atmosphere at Parkgate Road was warm and friendly. We spent time in the communal areas of the home and saw interactions between people and the staff were positive. A relative told us, "Everyone here is wonderful they care for each person like they were part of their own family." They went on to explain how staff had gone "above and beyond" arranging for their relative to visit their mother in hospital.

Staff told us they enjoyed working at the home. One said, "We are like a family so it doesn't feel like I'm coming to work, I love working here."

The management team and staff understood the importance of promoting equality and human rights as part of a caring approach. Staff confirmed they had received equality and diversity training. Staff told us they supported people to live their lives how they wanted to.

People were encouraged to maintain relationships important to them and there were no restrictions on visiting times. A relative told us they were always made to feel welcome and they could visit whenever their family member wanted them to.

The registered manager explained that a person who lived at Parkgate Road had experienced a family bereavement. They told us how they had supported the person and their family during this time. They had communicated the information to the person in a way that they would understand, and had supported them to attend the funeral. A relative provided feedback to the registered manager praising how staff had supported the person and family during this difficult time.

People's dignity was maintained and their right to privacy was always respected. We saw people were able to choose to move between their bedrooms and communal areas when they wanted to. We also saw staff knocked on doors and waited for permission before entering people's bedrooms. One relative said, "[Name's] dignity is very important to me and staff here are very good at making sure they are always treated with the utmost respect."

People were supported to be as independent as they wished to be. One person enjoyed shopping and did not require supervision to do this. We saw this person was able to choose when they wanted to go shopping and would do this independently. Staff were also available to support them if they wanted support when doing this.

People planned and reviewed their care in partnership with the staff. Records showed people had signed their care plans to confirm they were happy with the content and that people regularly met with staff members to discuss their care and support.

Confidential information regarding people was kept secure so people were assured their personal information was not viewed by others.

Is the service responsive?

Our findings

At our last inspection the home was rated as 'Good' in their responsiveness towards people. At this inspection people continued to receive good, responsive care.

People received individualised care which met their needs and preferences. For example, a member of staff explained that one person enjoyed being involved in household tasks and was supported to do tasks when they wanted to, for example loading the dishwasher or tidying their room.

Staff knew people well and were responsive to their needs. For example, during our visit we saw a staff member noticed a person was in a low mood and took time to talk with them and helped them to be happier.

Staff described people's preferred routines in detail and confirmed they had enough time to read people's care plans. Care plans we reviewed contained up to date information which supported staff to provide personalised care. For example, one person liked to interact with sensory objects and noisy toys. We saw they were offered a selection of sensory objects and they chose one which they were interested in.

Staff told us communication in the home was good because any changes in people's health or wellbeing were shared with them when they arrived for their shift. This was important because it meant they had up to date information to provide the care and support people needed.

People chose to take part in social activities which they enjoyed. A variety of activities took place on the day of our visit which included aromatherapy, arts and crafts and a visit to a cinema. The registered manager told us that activities were planned for each person based on their interests and that each week they would plan with the person what they would like to do.

People's individual religious and spiritual needs were known and respected. People were supported by staff to attend their chosen place of worship and special activities and meals were planned to celebrate religious holidays.

Staff understood how to communicate with people in ways they understood. Individual communication books had been made for people who did not communicate verbally or who had limited verbal communication. These books described signs or phrases which people used and what each one meant. This enabled new staff or other health professionals to understand the people they were supporting.

People received information about the home in a way that they could understand. Information was available in large print and different languages to comply with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

People and relatives knew how to make a complaint and felt comfortable doing so. One relative said, "I have

spoken to [registered manager] when I had a concern. He acted very quickly to rectify it." A copy of the provider's complaints procedure was on display within the home. Records showed no complaints had been received since our last inspection.

Is the service well-led?

Our findings

At this inspection, we found the home continued to be as well-led as we had found during the previous inspection. The rating continues to be Good.

Everyone spoke positively about the quality of care provided and the provider's management team. A relative told us, "They have a very high standard and they like consistency with staff, a lot of the staff have been here a long time."

Staff described the management team as supportive. One said, "[Registered manager] is a really good manager and he is very approachable." Staff told us managers led by example and promoted an open and caring culture at the home.

We saw the management team worked alongside the staff team to support people during our visit. For example, they were involved in activities and spoke with people about what they wanted to do that day. This approach ensured they had an overview of how staff were providing care and support to people.

Staff attended regular team meetings which they told us gave them opportunities to discuss any issues of concern and areas improvement. One staff member said, "We discuss ideas in staff meetings, it is very open here we aren't scared to say anything and we can discuss things that need improving."

The management team welcomed and were responsive to people's feedback about the service they received. Meetings for people and their families were regularly held and feedback was recorded which demonstrated people were involved in developing the service. For example, the suggestions were made about different activities people could do.

Quality questionnaires were also sent out to gather people's views on the service. The feedback gathered in Spring 2018 showed people were extremely satisfied with the service they received.

There were effective systems to monitor and review the quality of the home. We saw audits and checks such as, infection control, medication and health and safety were completed. If audits had identified actions required, these were put into an action plan which was monitored by managers to drive forward improvement.

The provider operated a scheme where people who lived at their services could be involved with the quality monitoring of services. People could apply for a position where they received training and support to visit other services and gather views of people who live there and provide feedback to the provider. The registered manager explained one person who lived at Parkgate Road had recently applied for this position. The person told us about how they had applied and were waiting for an interview and that they were excited about the opportunity.

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. The registered manager felt supported by the provider because they received the support they needed to carry out their role.

The registered manager understood the responsibilities and the requirements of their registration. For example, they knew which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received notifications as required.

The registered manager attended local managers forums to keep themselves up to date on best practice. They told us, "It is useful to meet other managers and to remain up to date with new ways of working."

It is a legal requirement for the provider to display their latest CQC ratings so that people can see these. We found their rating was displayed on their website and in the home.