

Voyage 1 Limited

514 Arnold Road

Inspection report

Bestwood
Nottingham
Nottinghamshire
NG5 5HN

Tel: 01159608091
Website: www.voyagecare.com

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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: 514 Arnold Road is a residential care home providing personal care for up to 10 people. People living at this home have a learning and/or physical disability. At the time of the inspection 10 people were living at this home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The risks to people's health and safety were assessed and used to reduce risk. People felt safe when staff supported them. People were protected from risks of abuse and neglect. There were enough staff to keep people safe. People's medicines were managed safely. The home was clean and tidy. Staff learned from mistakes to ensure people received safe care and support.

People's needs were assessed prior to them starting with the service. Staff were well trained and had their competency to carry out their role regularly assessed. People were given the support they needed to make healthy food choices. People had access to other health and social care agencies and professionals where needed. People lived in an environment that was adapted and suitable for their needs.

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.

Staff were kind, caring and compassionate. People and relatives praised the approach of the staff. People were treated with dignity and respect and their diverse needs and choices were respected and acted on. People were supported to make decisions about their care needs and staff respected their wishes. People's records were stored securely to protect their privacy.

People's care was provided in their preferred way. People were empowered to make their own decisions about their lives. Staff understood people's preferences and enabled people to make choices about their care. People were supported to maintain relationships with friends and family and to meet people from their local community. People had access to information in a format they could understand. Complaints were handled appropriately and in-line with the provider's complaints policy. People did not currently receive end of life care.

The home was managed by dedicated and caring registered and deputy managers. All staff understood their

roles and how they contributed to the success of the home. Person-centred care was at the heart of everything staff did. Staff enjoyed their role and felt their views mattered. People's views were welcomed and valued, and action was taken to address any concerns. Quality assurance processes were in place to continually assess the standard of the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good. (Published 6 July 2017).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Why we inspected

This was a planned inspection based on the previous rating.

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

514 Arnold 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector over two days.

Service and service type

514 Arnold 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to cause minimal disruption to the people living there.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We asked the provider to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. However, the inspection commenced before the provider had finished completing the PIR. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and two relatives. We asked them about the quality of the care they received. We also spoke with three care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included all or parts of records relating to the care of four people. We also viewed medicine administration records and records relating to the safety and management of the service.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were protected from the risk of abuse. People felt safe living at the home. One person said, "I feel really safe, it is the safest home I have lived in." Relatives spoken with agreed and told us they felt their family members were safe.
- ☐ Staff had a good awareness of how to spot the signs of abuse and felt confident if they reported concerns to the registered manager they would be acted on. Systems were in place that ensured the signs of abuse or risks to people's safety were reported quickly to the relevant authorities. Records viewed confirmed this took place when required. This reduced the risks to people's safety.

Assessing risk, safety monitoring and management

- ☐ The risks to people's health and safety were appropriately assessed, acted on and reviewed.
- ☐ Risk assessments were in place for staff to help reduce the risks to people's safety. This included checking equipment was safe that people used to move around their home.
- ☐ Plans were in place to help evacuate people safely in an emergency. Regular checks of fire safety and prevention equipment and servicing of gas boilers took place. This helped to keep people and staff safe.

Staffing and recruitment

- ☐ There were enough staff keep people safe and to respond to their needs. We observed staff respond quickly to call bells and other times when people needed staff. People told us staff were there when they needed them, both in the day and at night.
- ☐ Where people required continuous support and supervision, we saw this was provided. Records were used to record when this support was provided. We noted these records were not always fully completed to evidence that people had received these hours as required. The registered manager immediately implemented a new recording system to address this.
- ☐ Appropriate employment and suitability checks had been completed before staff started to support people. This helped to reduce the risk of people being cared for by inappropriate staff.

Using medicines safely

- ☐ People received their medicines when they needed them and in accordance with their preferences. We observed a staff member administer medicines safely. People told us they were happy with the way their medicines were managed. One person said, "They help me take my medicines."
- ☐ Robust medicine records were in place. These recorded when a person had taken or refused to take their

medicines. Staff competency was regularly assessed to ensure they continued to administer medicines safely. Medicines were stored safely.

Learning lessons when things go wrong

- ☐ There was a process in place that ensured accidents and incidents were recorded and investigated.
- ☐ Where there was any learning required from these incidents, this was discussed with staff during supervisions, or collectively in team meetings. Senior management reviewed serious incidents and offered guidance and recommended actions to help reduce recurrence.
- ☐ Regular analysis of safeguarding incidents took place. However, analysis of accidents and incidents did not. This was rectified during the inspection. This will help the registered manager to identify any themes and to act to reduce the risk to people's safety.

Preventing and controlling infection

- ☐ The home was clean and tidy and free from any obvious risks that could cause increase the risk of acquired infection. Staff used personal protective equipment such as gloves and aprons where needed.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 physical, mental health and social needs were assessed prior to them starting with the service. This helped to ensure they received care in accordance with their needs.
- ☐ People's age, gender and sexual orientation and other protected characteristics were considered when care was planned. This reduced the risk of people experiencing discrimination.
- ☐ Support records contained reference to current best practice professional guidance from bodies such as Epilepsy Awareness to help staff to provide effective care.

Staff support: induction, training, skills and experience.

- ☐ Staff were well trained and completed all training deemed mandatory by the provider for their role. People felt staff understood how to care for them. One person said, "They really know me and understand what I need."
- ☐ Staff received regular supervision and felt supported by the registered manager.
- ☐ Staff were encouraged to develop their role through gaining externally recognised qualifications such as diplomas in adult social care. All senior support staff were required to complete more advanced training and qualifications to carry out their role. The regular training, supervision and development of staff provided them with the skills to ensure people received high quality care.

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

- ☐ People were supported to maintain a healthy and balanced diet. People were supported by staff to choose their own food and were encouraged to make healthier choices.
- ☐ One person had been supported to reduce their coffee intake and to help them lose weight. The registered manager told us this had been a success and had a positive impact on this person's health.
- ☐ People were supported with eating their meals if they needed it but were also provided with specially adapted cups and plates to help them to eat independently.
- ☐ Staff were aware of the risks associated with people's diet. Care plans and risk assessments were in place to help to reduce the risks to people's health in relation to eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- ☐ People were supported to visit their GPs, dentists and other healthcare agencies when needed. Health action plans were in place to help staff to monitor all aspects of people's health.

- ☐ If people required support from external health and social care professionals, their professional recommendations were recorded and followed by staff.

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

- ☐ The design of the home met the needs of people who had a learning and/or physical disability.
- ☐ Wide corridors, doorways and spacious bedrooms and communal areas enabled people to move independently and safely around the home.
- ☐ People had been supported to personalise their own bedrooms with items that were familiar to them. People chose their own wallpaper, paint and carpets or laminate flooring to help make their bedroom their own personalised space.
- ☐ People had access to call bells to request support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- ☐ Secure outside space was available to people.

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 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.

In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- ☐ The registered manager and staff understood the implications of the MCA and were aware of the need for best interest meetings when significant decisions needed to be made for a person lacking capacity.
- ☐ People's care records contained information on mental capacity and records were clear where people did not have capacity and required support with making some decisions.
- ☐ Where people had the capacity to make decisions this was clearly recorded in people's records.
- ☐ The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and staff provided care and support in accordance with agreed requirements.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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; equality and diversity

- ☐ People were well treated by kind, caring and compassionate staff. We observed staff speak with people with empathy; they had a clear understanding of how to build meaningful relationships with people. People praised the staff; one person described them as, "the best staff I've ever had."
- ☐ People were made to feel that they mattered. People's personal choices and how they wished to lead their own lives was respected and embraced by all staff. This had led to people leading fulfilling and enjoyable lives.
- ☐ Staff were particularly strong at supporting people's diverse needs and choices; they empowered them to make informed choices which had a positive impact on their lives. One person told us they were overjoyed at the support they had received from staff with their diverse needs; they felt staff did not judge them and, as a consequence, they were enjoying their life.
- ☐ There was a calm, homely atmosphere at the home; it was evident that management, staff and people all enjoyed each other's company.

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

- ☐ People were able to contribute to decisions about their care needs and to provide regular feedback. Each person had a specific member of staff (key worker) who met regularly with them to discuss their care and support needs. Agreed actions were recorded and reviewed during each meeting to ensure these had been completed. This helped people to feel that their views mattered.
- ☐ One person had been supported and encouraged to meet with others at this home and others from within the provider group. They gained feedback from people on the quality of the care provided. This was then fed back to the relevant registered managers and directors who acted to address people's concerns. This meant people's views really mattered.
- ☐ Information about how people could access an independent advocate was provided for people in an accessible format. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf.

Respecting and promoting people's privacy, dignity and independence

- ☐ We observed staff attend to people quickly who needed their support, and this was done in a dignified way.
- ☐ People felt respected by staff. They praised the support they received with their personal care and staff

supported and encouraged their independence. We observed numerous examples where staff encouraged people to do as much for themselves as possible.

- ☐ We did observe some staff refer to 'he/she' and/or him/her' in front of the person they were supporting. A more dignified approach would be to refer to the person by their preferred name. We raised this with the registered manager who told us this was not the norm and staff were expected to use more appropriate language. They told us they would address this with the staff.
- ☐ People's privacy was respected. Staff knocked on doors before entering. When people clearly wanted to be left alone, staff respected their wishes. People's records were stored appropriately to reduce the risk of them being viewed by others.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 had lived at the home for many years. With a low turnover of staff and stable management in place, this led to people receiving personalised and consistent care and support in line with their preference and choices.
- ☐ People and where required their relatives, were included in all decisions about the care provided. This included regular reviews and discussions with keyworkers; this resulted in people having choice and control over their care provision.
- ☐ Individualised positive behavioural support plans were in place. These helped to guide staff on the most suitable and effective way to support people who may display behaviours that may challenge others. The methods described were always the less restrictive option and this helped people to continue to receive care in their preferred way. We observed staff supporting people effectively in line with these plans.

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 led active lives, with numerous, meaningful activities provided for them, in accordance with their own personal preferences. People had been on holiday to Amsterdam and Disneyland as well as numerous holidays in the UK. These were all at the request of the people themselves.
- ☐ People's disabilities were not seen as barriers, but something to be overcome to provide people with the best possible life possible. For example, one person who had expressed their wish to go abroad was worried about going on a plane and a boat. This was preventing them from going. Staff took the time to show the person what would happen when using a plane or boat by showing them videos on the internet. This eased the person's concerns and they were able to enjoy the holiday they wanted.
- ☐ People were encouraged to maintain friendships and contact with family as well as meeting new people. Many were supported with accessing day centres where they met friends and others from the local community. People visited local amenities such as pubs and cafes and were welcomed by understanding locals from the community. This reduced the risk of social isolation.

Meeting people's communication needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had made provisions to ensure they were compliant with the AIS. Some policies and procedures as well as other relevant documentation were provided in an easy read format.
- Technology was also used to help people who had difficulties with talking to express their views. Use of this technology empowered people to be able to give their views despite their disabilities.

Improving care quality in response to complaints or concerns

- People were aware of the complaints process and were confident the registered manager or other relevant staff members would act on any issues or complaints raised.
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- End of life care was not currently provided. Discussions had been held with some people and their relatives about how they would like their or their family member's care to be provided. Support plans were in place to guide staff where required.
- The registered manager told us this was a sensitive area and could cause people upset when discussing this subject; however, they acknowledged that more needed to be done to ensure that all people were given the opportunity to give their views. They told us they would review this process.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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.

- ☐ A strong management team was in place. A dedicated registered manager was supported by competent deputy manager and senior team leaders. All staff working in a supervisory or managerial role had completed, or were in the process of completing, external qualifications in adult social care. This contributed to the high standards demanded at this home.
- ☐ All staff understood their roles and the part they played in the home's success. Many staff had 'champion' roles where they were responsible for certain aspects of care provision. These roles included medication, infection control and dignity.
- ☐ The registered manager understood the regulatory requirements of their role. They had also ensured that in their absence, the deputy knew what was required of them. This included ensuring appropriate authorities such as the CQC and local authority were informed of any incidents or concerns about people's safety. This ensured people continued to receive high quality care.
- ☐ It is a requirement for the ratings from past inspections to be displayed at the home and on the provider's website. We saw these were displayed appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- ☐ The registered and deputy managers led by example by ensuring people lived in an open, inclusive environment, where people and staff were free to live and work in a caring and safe space.
- ☐ People, relatives and staff praised the approach of the management team. They found them to be approachable, supportive and interested in their views. They all felt management would act quickly if they had any concerns.
- ☐ Staff were supported and encouraged to provide care in line with the provider's aims and values. These were discussed during staff induction and a staff handbook was given to all staff which explained what was expected of them when supporting people.

Continuous learning and improving care

- ☐ There was a clear focus on continuous learning and improvement at this home. The management team were supported by the provider to aim high and to achieve positive outcomes for people and their staff.
- ☐ Quality assurance processes ensured that key areas of care were regularly reviewed to ensure high

standards. Staff competence was regularly assessed to ensure people received high quality care. Action plans were in place to address any areas for improvement and these were regularly reviewed by representatives of the provider to hold the registered manager to account.

- ☐ Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates. Learning from incidents that had occurred was discussed with staff during supervisions to ensure that the quality of the service people received did not affect their safety.
- ☐ High quality staff performance was rewarded. The registered manager had recently won the regional care home manager of the year award at the Voyage 'Excellence Awards'. This was further evidence that people were supported by and staff led by an experienced, high achieving registered manager.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- ☐ The provider had the processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning, and development was implemented to help reduce the risk of incidents recurring.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ People were provided with the opportunities to give feedback about their care. People and relatives spoken felt their views were always considered and acted on. This made them feel valued.
- ☐ Staff felt involved with the running of this home. They felt their views mattered.

Working in partnership with others

- ☐ Staff worked in partnership with other health and social care agencies to provide care and support for all.