

Voyage 1 Limited

# Parkbrook Lodge

## 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

We inspected the service on 11 February 2016. This was an unannounced inspection and this was the first inspection of the service. The service provides support to ten people with a learning disability.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who knew how to recognise abuse and how to respond to concerns. The staff knew how to reduce avoidable risk to prevent harm. Where people were concerned about their safety they knew who to speak with.

People told us they were supported to develop their independence and were provided with opportunities to develop their interests and join in social activities. Staffing levels were sufficient and flexible to support people to do the activities they wanted to do.

People were supported by staff who had the knowledge and skills to provide safe care and support. The registered manager monitored the staff's learning and developmental needs.

People were listened to and staff sought people's consent before they provided care. The staff knew how to act if people did not have the capacity to make decisions. Where people's liberty was restricted, this had been done lawfully to safeguard them.

People were helped to take their medicines at the right time and staff knew why people needed medicines and when these should be taken. People's health and wellbeing needs were monitored and they were supported to organise and attend health appointments as required.

People were treated with kindness, compassion and respect and staff promoted people's independence. People liked the staff who supported them and had developed good relationships with them.

Staff listened to people's views about their care and they were able to influence the development of the service. People knew how to complain about their care and concerns were responded to.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and maintain relationships with their families and friends.

There was a positive atmosphere within the home. The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager

understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation.

## 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.

People were protected from abuse and avoidable harm. People were supported to understand how to be safe and to take responsible risks. There was sufficient staff to support people to do the activities they wanted to do.

### Is the service effective?

Good ●

The service was effective.

Staff knew how to support people and promote their independence and well-being. People were supported to make decisions and where they needed help decisions were made in their best interests with people who were important to them.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, compassion and respect. People were encouraged to be independent and made choices about their care. People's right to privacy was supported and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment and review of their care to ensure their care met their preferences and support needs. People made comments and complaints about their care and these were responded to.

### Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the service to improve the quality of care and support for people. People contributed to the development of the service and how the service was managed.

# Parkbrook Lodge

## **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.

We inspected the service on 11 February 2016. The inspection was unannounced and the inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

Some people who used the service had complex needs and some people were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received and how the staff interacted with people. We spoke with three people who used the service, four members of care staff, the registered manager and operations manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks. We reviewed the reports carried out by the local authority quality monitoring officers.

# Is the service safe?

## Our findings

People were protected from abuse and avoidable harm. People told us they felt safe and that staff helped them to reduce any risk of harm. One person told us, "The staff look after me and we work together to be safe." The staff had received training in protecting people from the risk of abuse. The staff had a good knowledge of how to recognise the signs that a person may be at risk of harm and how to escalate concerns to the registered manager or the local authority. One member of staff told us, "We all have a responsibility to report things we are worried about. Where we have had concerns in the past, the manager has been supportive and we've acted straight away."

People told us they were supported to take responsible risks and staff helped them with living skills. People were responsible for keeping their bedroom clean and staff supported people with their laundry. One person told us, "I do all my own washing and clean my room; I like my room." One person helped to maintain their home and worked alongside staff when maintenance work was completed. They told us, "I really like the gardening and wear my ear protectors because it's too noisy." Staff were aware of the potential risks with these activities and when going out and recognised the need to keep people safe. One member of staff told us, "We take responsible risks here. We shouldn't limit people doing the things they enjoy; we just need to make them as safe as possible."

People were living in a safe, well maintained environment and were protected from the risk of fire. We saw there were systems in place to assess the safety of the service such as fire risk and the risks of legionella. People practiced how to respond in the event of a fire and knew what to do. One person told us, "I'd go and wait outside there and the staff would help me to be safe."

People were supported by staff to take their medicines. People told us they had their medicines on time and one person told us, "I know what colour my tablets are and what they are for." The medicines systems were organised and staff were following safe protocols to ensure people received their medicines as prescribed. Staff had received training in the safe handling and administration of medicines and had their competency was assessed to ensure they continued to administer them safely.

We saw that there was sufficient staff available to enable people to change their minds about what they wanted to do. For example, one person had planned to go shopping, have lunch with friends and have their hair cut but changed their mind. They told us, "I wanted to stay here instead." A staff member told us, "People can choose how to spend their time. We ask people what they want to do, but we support people flexibly so if they want to do something different, that's fine." Some people received individual personal support. We saw where this was provided, staff respected people's privacy but were available whenever the person needed assistance.

Recruitment procedures were in place to ensure, as far as possible, new staff were safe to work with people who used the service. We spoke with one member of staff who told us they had to wait for their police checks and references to be completed before they could start working at the service.

## Is the service effective?

### Our findings

People felt supported by staff that had the knowledge and skills to provide effective care and support. They told us they felt that the staff were sufficiently trained. One person said, "The staff are very good. I like what they do with me." A member of staff told us, "Many of us have worked here for a long time and that means we have a really good relationship with people." Staff demonstrated a good knowledge of people's needs and told us they had received the training necessary to support people. One member of staff told us, "The training here is tailored to people. Where people have a specific need, we have training designed around this. We need to help people manage their behaviour and we have all received the same training so we can work together." Another member of staff told us, "I don't feel vulnerable here. We work well as a staff team to support people. If there are any incidents, the staff team work together to support that person and keep other people safe."

There were plans in place to guide staff how people's behaviour should be responded to including details of what may trigger any behaviour. Staff had a good understanding of people's behaviour and how best to support them. Staff told us they enjoyed working in the service and had regular support and supervision with the manager, where they were able to discuss the need for any extra training and their personal development.

There was a stable team of staff and there had been no new staff that had started to work since the change in registration. The manager explained systems were in place to ensure that all new staff completed training based on the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The manager explained that where new staff started working in the service they would shadow experienced members of staff to ensure they had an opportunity to meet people and understand their support.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people lacked capacity to make certain decisions, their capacity had been assessed and decisions had been made in their best interests. There was a decision making tool which recorded how people must be involved with any decision. One member of staff told us, "This helps us to support people. We understand that although some people may not have the words to tell us what they want or understand, we can help them to show us in different ways."

Everyone is different here and we need to make sure we help people to tell us what they want." Some people who used the service were unable to understand risks to their safety and that they were not safe to go out without support from staff. We saw that appropriate applications had been submitted to ensure that people were only deprived of their liberty when it was necessary to protect them from harm.

There was a flexible and relaxed approach to meal times. People told us and we saw that they were able to have food and drink at any time and could enter the kitchen independently. One person told us, "I like to make drinks for me and everyone." We saw they were supported by staff in the kitchen who recognised where there were any risks. We saw other people making breakfast independently. One member of staff told us, "People choose when they want to eat and what they want. Sometimes we have people all cooking different meals and at other times people decide on the same thing and eat together. It's no different from any home. People want different things on different days and we support them with this." Another member of staff told us, "Some people like to watch what we are doing in the kitchen so everyone is included in cooking."

People felt informed about and involved with their healthcare and were supported to attend hospital appointments and encouraged to have a healthy lifestyle. Some people who used the service smoked; they had been supported to attend smoking cessation sessions and received advice regarding their health care. One person told us, "I've tried to give up smoking and the staff are helping me. I have one of these (vapour cigarettes). I'm trying to take it in turns and have this in-between each cigarette so I don't smoke as much." The staff recognised that as the person had capacity they were able to choose whether to continue smoking and they understood the associated risks.

People received support from health care professionals when their health and support needs changed. For example, one person had support from a physiotherapist to help with their mobility. The person had agreed to have photographs taken of the correct positioning they needed to adopt to complete their daily exercises. They indicated that they were happy with how staff supported them. A member of staff told us, "We do these every day and [person who used the service] is aware of their limitations and knew when they needed support."



## Is the service caring?

### Our findings

People told us they were happy and liked to live in their home. They told us the staff were kind and caring and were always happy to help. One person told us, "I like having fun with the staff, we do nice things together." We saw people had good relationships with staff and were at ease in their company, sharing jokes and laughing about the day's events.

People told us they were supported to maintain relationships with family and friends. One person told us, "I like to go home and see my family and they come and see me here." One member of staff told us that family and friends were encouraged to be involved with people and could visit at any time.

People were encouraged to be involved in making decisions about how they spent their time. People told us they made choices about when they wanted to get up, go to bed, and how to keep occupied and pursue their interests. We saw people being given options and staff gave people the information they needed to ensure they could make an informed choice. One person showed us their bedroom and their personal belongings; they told us they chose furniture and liked their room.

The staff promoted people's independence in all aspects of their lives. For example, we observed one person who prepared their own lunch and they told us this was what they usually did. The person also took responsibility for cleaning their own bedroom and proudly showed how they kept their room tidy. Staff told us people were supported to get involved with living skills including doing their own laundry. The care records included information about what people could do for themselves, and what they would need support with. We saw staff recognised and valued people as individuals and showed a passionate commitment to enabling people.

People were supported to have their privacy and were treated with dignity. One person told us, "I have a key and lock my room. I have everything safe in my room and the staff don't go in there." When we spoke with people, staff enabled us to speak with people in private and only provided support where people requested this, to support with communication. One person told us they felt staff were respectful. They told us, "I like to do things by myself. The staff don't interfere because they know what I like to do."

People were treated as individuals and staff were respectful of people's preferred needs. Staff did not have discussions about people in front of other people and they spoke with people with respect and as adults. Staff showed they understood the values in relation to respecting privacy and dignity. They told us that personal care, where possible, was always done by the staff of the same gender as the person who used the service to ensure people felt comfortable.

## Is the service responsive?

### Our findings

People were supported to follow their interests and take part in social activities. People spoke enthusiastically about how they spent their time. One person spoke about a recent trip to watch 'Strictly Come Dancing Live'. They told us, "I loved it. I love dancing and dance with the staff." Another person told us they enjoyed going to a local theme park and going on the rides. Other people told us about their interests which included watching football and going to live football matches. One person told us, "I've always liked football. I like going to see matches and love it when we win."

People were given opportunities to socialise and one person told us, "I like going to the disco." Staff explained people chose to go to a local disco and had opportunities to meet with friends. People went out for meals, shopping, visiting relatives and to a local sports club. There were vehicles that people used to travel and people also had a bus pass and used local public transport. One person told us, "I sometimes catch a bus and go to Stafford to buy some DVDs," The staff told us that they worked with people to research where they could carry out any activity and supported them to access interests and work of their choosing.

People were supported to practice their faith and to attend their chosen church. One person told us their faith was important to them and enjoyed going to Church. One member of staff told us, "Where people want to go to Church, we find the church that's right for them. This doesn't mean it the most convenient because we recognise each church is different."

We saw the care records were personalised and included guidance and information staff needed to enable them to provide individualised care and support. One person told us, "I have had my PCP (person centred plan meeting) at my mums." The staff explained these meetings gave people an opportunity to review their care, to tell people what changes they wanted and to look at any future goals. One member of staff told us, "People choose who to invite to the meetings and where they take place. Some people's review included photographs of the important events from the last year; for other people we write the information in large print. It's about designing the review so it's meaningful for each person." We saw the care records had been reviewed and reflected the support people wanted. One member of staff told us, "It's really important to know people's individual likes and what they want. The care records show how we support people with their independence and what they want us to help them with."

People who used the service and those important to them told us they knew how to raise issues or make a complaint. They also told us they felt confident that any issues raised would be listened to and addressed. The manager maintained a copy of complaints and any action that had resulted from the investigation. This meant areas of concern could be reviewed to drive improvement.

## Is the service well-led?

### Our findings

There was a registered manager in post and people we spoke with knew who the registered manager was. We saw people were comfortable around the registered manager and they spoke with them about their family and recent events. The registered manager responded positively and it was evident from the conversations that they knew people well and could speak about what was important to them.

The registered manager and staff's values were based on respect for each other and putting people at the heart of the service. Staff demonstrated they focused on supporting people to develop and promote their skills towards independence. The staff told us they felt the service was well run and said that the registered manager worked with them and was approachable.

The staff told us that the management team were supportive and cared about their development and how they supported people. The staff told us they enjoyed working in the service and many had worked in the home for a number years. Staff said they had regular support and supervision with the registered manager; they were able to discuss the need for any extra training and their personal development and were supported to do their job.

People were given the opportunity to have a say about the quality of the service during the annual review and during meetings which were held in the home to capture their views and get their suggestions. One person had expressed an interest in representing people who used the service and was applying to participate in a national development group. This would involve being asked about their views on the quality of the service and future developments. A member of staff told us, "The provider is committing to getting things right and involving people so they can shape the future of the company." People were also involved in having their say in local government issues. One person enjoyed attending local parish council meetings. One member of staff told us, "We are very proud of them. They will stand up and speak about things if they feel it is important and it affects them."

The registered manager carried out a comprehensive quality assurance review and identified where improvements were needed. We saw actions for improvements had been agreed with the provider and included timescales so this could be monitored. The registered manager told us, "We are very honest when we complete these. I do an audit and the results are audited from senior managers to make sure we get everything right." We saw the provider reviewed quality by their own quality team. These focused on our quality indicators and regulations and where improvements were identified, the registered manager completed an action plan which was monitored by the provider.

The provider understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.