

Voyage 1 Limited

35/37 Solna Road

Inspection report

35-37 Solna 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

About the service

35/37 Solna Road is a residential care home providing personal care to nine people on the day of the inspection.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service and what we found

People were well cared for by a staff team who had worked with them for many years and knew their needs well.

People were supported to engage in a range of activities both within the home and in the community.

Risks had been identified and were well managed by staff who knew people well. Risk management plans gave staff information they needed to reduce risks of harm or injury to people.

People's needs were assessed, and information was used to form personalised plans of care.

There were enough staff on shift to meet people's needs. Staff were safely recruited.

Medicines were managed safely, however we found recent recording errors which were rectified, and actions put in place to reduce the risk of this happening again.

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.

There were processes to audit the quality and safety of the service and where areas for improvement were identified, these were acted on.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 2 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

35/37 Solna 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

35/37 Solna 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

seven members of staff including an operations manager, registered manager, deputy manager, support workers and a driver. We also spoke with a visitor delivering an activity.

We reviewed a range of records. This included three people's care records and five people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five relatives by telephone. We received feedback from two professionals involved with the service.

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 told us they felt safe living at the service. A person told us, "I've been here [number of] years. Yeah I feel safe." Relative's told us they had no concerns in this regard. A relative told us, "I feel [Person] is in a safe environment."
- Staff knew how to identify if a person was at risk of harm or abuse and what actions to take if they suspected this.

Assessing risk, safety monitoring and management

- Risk assessments were in place for identified needs and they were regularly reviewed.
- Staff demonstrated a clear understanding of the risks to people's health, safety and welfare and how to minimise those risks.
- Relevant safety checks had been completed in relation to gas, fire, water and electrical safety. People's equipment was checked prior to use, well maintained and serviced regularly. Regular health and safety checks were completed on the building and environment.

Staffing and recruitment

- There were enough numbers of staff to provide safe, consistent care that met the needs of the people living in the home.
- Staffing levels were adjusted and increased if people wanted a staff member to attend external appointments or events with them.
- In addition to support staff there was staff designated to domestic duties and a driver available to take people to and from appointments, day-centre and external activities.
- Staff continued to be recruited safely. Records confirmed that all pre-employment checks had been carried out including criminal records checks.

Using medicines safely

- People received their medicines as prescribed. Medicines were stored securely with monitoring in place to ensure correct storage temperatures.
- Staff had received training and competency checks to support people with taking their medicines.
- Medicines stocks corresponded with Medicines Administration Records (MARs).
- However, we identified three recent recording errors on the MAR. We reported these to the registered and operations manager who arranged for the errors to be investigated. Medicines training was arranged for involved staff and lessons learned were identified which was shared with us following the inspection.

Preventing and controlling infection

- The environment was clean.
- Staff had received training in infection control and had access to personal protective equipment such as alcohol hand gel, apron and gloves at access points throughout the home.

Learning lessons when things go wrong

- Accident and incident reports were reviewed and analysed regularly. This meant any trends or themes could be identified to minimise future risks.
- Prior to the inspection, we had been informed of two safeguarding concerns where lessons learned were identified for the staff team around record keeping and reporting concerns to the appropriate professionals. We saw that learning had been shared in staff meetings and record keeping training had been arranged.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

MCA provides a legal framework for making 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 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, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At the last inspection we found that improvements were needed with how the service complied with the Mental Capacity Act 2005 (MCA). At this inspection, we found improvement had been made.

- Records confirmed that where appropriate, people had consented to their plan of care and where this was not possible, a mental capacity assessment and best interests' decision had been taken in line with the legal framework.
- Staff had training in MCA and understood the importance of ensuring they consulted with people prior to providing assistance.
- DoLS applications had been submitted in line with requirements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Most people who lived at Solna Road had done so for many years. Assessments of their needs, wishes and aspirations had been regularly updated to reflect the changes to their care and support needs.
- People's care and treatment was delivered in accordance with legislative requirements and good practice guidance. Processes were in place to ensure staff were kept updated with regards to good practice and any changes to legislation or guidance. This ensured consistently effective outcomes were achieved with people.
- Protected characteristics under the Equality Act were considered so that, for example, any identified cultural or religious needs could be met.

Staff support: induction, training, skills and experience

- People received care from staff who were trained in a variety of topics relevant for their role. Training

records confirmed that staff had received training in subjects such as medicines, safeguarding adults, epilepsy, moving and handling and first aid. The management team maintained a matrix and set reminders for when staff were due training refreshers.

- Relatives told us that they found staff knowledgeable and competent. A relative told us, "I think the staff do a good job."
- A staff member told us, "We have regular training. We do e-learning and face to face. We do the MAPA training, Its very helpful." Staff were trained in MAPA. MAPA (Management of Actual or Potential Aggression) involves staff carrying out role-play scenarios to recreate real situations experienced by staff and people who used the service and how they could work with the person to de-escalate the situation.
- Staff told us, and records confirmed that they received regular supervision, a yearly appraisal and were supported by the management team. A staff member told us, "I have supervision every month with [Registered Manager]. If anything is bothering me. [Registered Manager] is so lovely to approach and is a good listener."

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

- People's nutritional and hydration needs were met. We received positive feedback from people and relatives regarding the food choices on offer. People told us, "I like the food yeah" and "Nice food yes."
- Care plans detailed people's support needs around eating, drinking and whether any cultural or religious dietary considerations were required.
- We saw staff following recent professional guidance issued following a change to a person's support needs around safe 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

- The service worked together with a variety of health and social care professionals to ensure people had access to the appropriate care and support that they required.
- Detailed records were kept of outcomes from health appointments, reviews and guidance.
- People were supported with their oral hygiene. We heard of a recent instance where staff worked with a team of health professionals to arrange for a person to have required dental treatment and other medical examinations. The registered manager told us this was a success as previous attempts in the past had been unsuccessful.

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

- 35/37 Solna Road comprised of a two-storey domestic sized property, set in a residential area of Enfield. The service was not distinguishable from other buildings in the area and was close to services and public transport.
- Each person living at the service had their own room, which they could personalise as they wished.

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; respecting equality and diversity

- People told us that they were happy living at Solna Road and were treated with respect by staff and the management team. One person told us, "They look after you and make sure you're alright."
- Most of the staff team including the registered manager had worked at Solna Road for many years and knew people very well. A professional told us, "The staff have been supporting the residents for many years, therefore they are familiar with them and their families. The staff care well for the residents and they provide a homely environment for them, which is priceless. The residents and their families trust them, too."
- Relatives were particularly praising around how well staff knew their loved one and how to support them. Relatives told us, "They seem quite loving and comforting towards my relative" and "It's absolutely unbelievable. Staff have been there for ages and everybody knows everybody." A staff member told us, "I think it's the knowledge of the clients which is very important to give the best quality care."
- We observed a homely and welcoming atmosphere in the home. We saw caring interactions between staff and people throughout the inspection. People appeared comfortable and relaxed with staff and the registered manager.
- Assessments and care plans took account of people's protected characteristics and staff could describe how they used this information to support people to meet their needs. For example, people's cultural and religious needs were documented and being met by staff.

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

- Throughout the inspection we saw people were encouraged to make their own choices and decisions such as what they wanted to eat and how they wanted to spend their time.
- Relatives told us they were involved in planning and delivering care. They told us they were kept updated and consulted.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as practicable. People living at the service had differing levels of need and some people lived lives more independent from the service than others. Care plans detailed what people could do for themselves and where people required staff support. A relative told us, "I am very grateful for the way they are looking after [Person]. Gradually, they have managed to get [Person] to walk."
- People were supported to learn and develop life skills such as food preparation and become more independent in the community.
- Relatives told us they and their loved ones were treated with dignity and respect. A relative told us that

staff handled incidents involving their loved one in a sensitive manner. They told us, "When staff deal with it make sure that they handle it in a dignified way."

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 and relatives were overall positive about the responsive nature of the care delivered. A relative told us, "[Person] is very well cared for."
- Staff were responsive to people's needs. When people required assurance or support, staff quickly responded to them.
- Care plans were detailed, person centred and reviewed on a regular basis. Care plans clearly stated the assessed care needs, for example, around personal care, medicines and mobility.
- Care plans also provided guidance to staff around how to support people living with a specific health condition.

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 ways in which people communicated was included in their care plans and included guidance for staff about how to communicate effectively with people.
- Staff communicated effectively with people and understood their communication needs. One person who preferred to communicate in writing was supported to be a minute taker for residents' meetings.

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

- Staff supported people to maintain relationships to avoid social isolation. Relatives told us they were always welcome at the service when they visited. A recent thank you card from a relative to staff for arranging a birthday party stated, 'We very much appreciated all the work everyone put in to make it a success for [Person].'
- We heard that people were supported by staff to maintain friendships with a person who had recently moved on from the service after living there many years by visiting them and inviting them to attend birthday parties.
- On the days of the inspection, we saw people were attending daycentre and other appointments in the community. We also observed a physical activity session in the home which was tailored to people's individual abilities and was well received by people who remained in the service during the day.
- People were also supported to engage in activities based on their interests, for example drama and music classes.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place which was on display in communal areas of the home.
- We noted that no formal complaints had been documented since we last inspected which was confirmed by the registered manager.
- People and relatives told us they would raise concerns if they had any. Relatives told us, "I've never felt the need to in fact I compliment them on the job they do" and "It's an amazing house. Believe me if I had any concerns you would be hearing from me!"

End of life care and support

- During this inspection no one required end of life support.
- Records confirmed that where possible, the service explored, and documented people's end of life wishes.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were supported in a caring and positive environment. Feedback from relatives was positive with many commenting that the long-standing staff team was central to this. Relatives consistently told us that the registered manager and staff were always in contact with them, letting them know of any issues or concerns.
- One relative told us, "I've known the manager a long time. She's a good communicator and cares about the staff and the service users. She's very upbeat." A second relative told us, "[Registered Manager] is great always informs us of everything." A professional told us, "There is a good communication with the manager."
- The registered manager was aware of their legal responsibilities, including appropriately notifying CQC of any important events.
- Staff spoke positively of the support they received from the management team. Staff told us they were supported to learn and develop new skills. A staff member told us, "It's done really well from the training side. I think she's a brilliant manager and doing a good job. The standard here is very high."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had quality assurance systems in place. They used them to monitor the quality of the service and make improvements as needed. In addition, the registered manager was supported by a regional management team.
- Following a recent audit by the provider's quality assurance team, a service improvement plan had been developed which was reviewed and updated on a regular basis. Recent areas identified for action was around updating safeguarding training for staff and building refurbishment.
- The registered manager shared identified learning from recent events and incidents with staff. They also confirmed that where areas of learning had been identified, training was arranged.
- Throughout the inspection we gave feedback to the registered manager and clarification was sought where necessary. They demonstrated a willingness to learn and reflect to improve the service people received as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. A professional told us, "It has had the same manager and some familiar staff for many years, which I find reassuring. They know the service users very well. They alert me and others to problems promptly and react well to advice/support and seem to have very good relationships with some family members."
- Staff confirmed they were involved in the development of people's care and support and the overall running of the service. They had regular team meetings and one to one supervisions.
- The service sought feedback from people and their families through resident meetings, one to one meeting with their key worker and surveys.