

Voyage 1 Limited

Fairfax Road

Inspection report

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Date of inspection visit:
05 December 2023
12 December 2023

Date of publication:
10 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fairfax Road is a residential care home providing personal care to up to 4 people. At the time of our inspection there were 4 people using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support: The service maximised people's choice, control, and independence. Staff were safely recruited and received an induction followed by training from the provider. The provider followed current best practice guidelines to effectively manage people's medicines, and risks associated with infection prevention and control (IPC). People and their relatives were positive about the care provided. People told us they liked their home and the staff who supported them.

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. If people lacked capacity to make certain decisions appropriate support was sought.

Right care: Care was person-centred and promoted people's dignity, privacy, and human rights. Staff supported people to learn new skills and maintain important contacts. Staff knew people well and understood their support needs which empowered people to make decisions about their care.

Right culture: People who used services had inclusive and empowered lives through care staff's ethos, values, attitudes, and behaviours. Regular communication between the service and family members and medical experts helped to support positive working relationships.

Rating at last inspection

The last rating for this service was good (published 27 September 2017).

Why we inspected.

We inspected due to the length of time since the last inspection.

We undertook a focused inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairfax Road on our website at www.cqc.org.uk.

Follow up.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Fairfax 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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by an inspector. A regulatory co-ordinator made calls with some staff and families on the first day of inspection. This inspection took place on 5 and 12 December 2023.

Service and service type

Fairfax Road is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fairfax Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a new manager in post who had already started the process of registering with CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 2 relatives. We spoke with 6 members of staff. We spoke with the regional manager and the manger. We reviewed 2 people's care files in relation to risk assessment and mental capacity and best interest decisions. We reviewed 2 medicines administration records (MARs). We reviewed a variety of documents relating to the management and governance of 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. We discussed with the management team the importance of ensuring visible body maps were in place regarding where to apply and creams. This was completed on the first day of inspection.
- Assessments had been completed with people to support them to access their medicines safely and in their preferred way. We spoke with the manager to ensure these were reviewed regularly as we found 1 out of date.
- People received their medicines on time and as prescribed. A relative told us, "They have that really good. I would not be able to get access to doctor's appointment service so quick. As they can. They have a good doctor in service response. I think its absolute brilliant."

Systems and processes to safeguard people from the risk of abuse.

- People received safe care and were safeguarded from abuse and avoidable harm.
- People and relatives we spoke with felt they and their loved ones were safe. One person said, "Yes, I am well looked after. I have everything I need here, and staff are nice." A relative told us, "Brilliant can't fault it. No problems no complaints."
- Staff had completed training in safeguarding and knew how to identify and report any issues or concerns. One staff member said, "I would report anything straight away. I have no concerns and I feel people are well looked after and safe, but if I needed to report anything I would."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. We saw evidence from a recent incident had been updated.
- Care plans contained information for staff on how to keep people safe whilst promoting their independence. One person said, "If I need them, I just ask, and they are there."

Staffing and recruitment

- The provider operated safe recruitment processes. Recruitment processes included the completion of appropriate pre-employment checks to ensure staff were suitable to work at the service.
- The provider ensured there were sufficient numbers of suitable staff. People told us there enough staff to support them. One person said, "If I need them[staff] they are there." Staff told us they felt there was enough staff in the service.

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 MCA 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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We saw evidence of capacity assessments completed and reviewed with people, their families and staff in the service who knew them best.
- DoLS authorisation applications were made where it had been identified people needed to be deprived of their liberty to keep them safe.

Preventing and controlling infection

- IPC policies and procedures had been updated to reflect changes in relation to government guidance linked to the COVID-19 pandemic.
- We observed staff following PPE practices in the service.

Learning lessons when things go wrong.

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring. We saw evidence of this on inspection.
- Accidents and incidents were investigated and outcomes from these were used to improve the care provided.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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. Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements. And continuous learning and improving care

- The provider now had a management structure that monitored the quality of care to drive improvements in service delivery. There were systems to monitor the quality of the service to ensure improvements were identified and actioned. We saw an action plan which highlighted the areas identified on inspection which had been addressed.
- People, staff and families told us they would raise a concern if the needed to. One staff member said, "If I have anything to say manager will have a meeting with me, they will close the door, and I can let it out. Personally, no major concerns to raise." On the first day of the inspection there was no information on the board on how this could be raised. The regional manager told us it had been there previously. On the second day it was on display.
- The management team were aware of what was notifiable and evidence of these had been submitted to CQC.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. We discussed the importance of regular team meetings to ensure all staff could access these. The management team had booked in several meetings to account for this. The regional manager told us. "We now have a new manager in place, and we will ensure these meetings continue to take place and continue to gain feedback from people, staff, and families."

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

- The provider understood their responsibilities under the duty of candour. The provider understood their responsibility to be open and honest when something had gone wrong and to put this in writing.

Working in partnership with others

- The provider worked in partnership with others. The service worked alongside a variety of health and social care providers to meet people's emotional, social, and physical needs.

