

Voyage 1 Limited

703 Burton Road

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

703 Burton Road is a residential care home providing personal care and accommodation for people with learning disabilities and autism. At the time of our inspection five people were using the service.

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 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's experience of using this service and what we found

People continued to feel safe and they were protected from harm. People's care and support had been assessed. Staff had the information they needed to support people safely. The provider recruited staff safely. Staff understood the importance of keeping the home clean and tidy. The management of people's medicines was safe. The management team shared information when things went wrong and ensured staff learned from mistakes which meant people received safe care and support.

People were assessed prior to moving to the service. Staff received training and competency checks to enable them to carry out their roles effectively. People were supported to eat a healthy diet and attend healthcare appointments. 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 and caring. People's privacy and dignity was respected and people were encouraged live independent lives. 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.

Staff knew people very well and were able to respond to their likes and dislikes. Care plans contained relevant information to enable staff to provide personalised care. Staff understood people's preferred method of communication and supported people to maintain relationships important to them. Complaints were handled appropriately and in-line with the provider's complaints policy. People did not currently receive end of life care.

We made a recommendation about investigating further training for staff to help them manage changes within the service.

We have made a recommendation about ensuring the environment continues to meet people's changing

needs as they age.

Staff spoke positively about the new manager. The manager understood their responsibility to ensure people received good quality care. Effective systems monitored and continually improved the quality and safety of the service provided. The service worked with other stakeholders to ensure people received the best possible care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good (published 26 April 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 reinspection 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?

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.

# 703 Burton 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

The inspection team consisted of one inspector.

#### Service and service type

703 Burton 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 currently did not have a manager registered with the Care Quality Commission. However the new manager has started the process to register with CQC. This means they will once registered, alongside the provider, be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Inspection notice

This inspection was unannounced.

#### What we did before 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 of this information to plan our inspection.

#### During the inspection-

Some people who used the service had complex needs and 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. We spoke with three people who used the service and four members of staff including the new manager.

We reviewed a range of records. This included three people's care records and 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.

# 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

- Staff received safeguarding training and continued to be aware of the risks of abuse, the signs to look out for. They understood their responsibility to report any concerns should they have any. They were confident the provider would manage any safeguarding concerns effectively.
- The manager was aware of their role to ensure people were kept safe from avoidable harm.
- Throughout the day we saw people were relaxed and at ease with staff and each other. We saw people were comfortable approaching staff and wanted to spend time with them.

Assessing risk, safety monitoring and management

- Risks associated with people's health, welfare and safety had been identified through a thorough assessment. Staff had access to the information and told us it informed how they supported people to be safe, whilst maintaining their freedom and giving them choices. Risk's associated with people's specific conditions were detailed and linked to care plans, with clear guidance for staff.
- The provider ensured that environmental risks had been assessed and safety checks were completed regularly. For example, for risks associated with fire, people living at the service were involved in fire evacuations and understood how to leave the building safely.

Staffing and recruitment

- Staff told us there had recently been some change in staffing as a number of staff had left. One staff member commented, "We have had some staff leave and sickness but it has never meant the guys couldn't do their activities. We have always had enough staff on each shift." Another staff member told us, "We work well together, we are like a family. If we know someone has an activity we will stay extra on our shift so they don't miss out."
- The provider had recruitment processes to check staff were suitable for the role. For example, references were followed up and all fitness checks were completed. Staff confirmed they had completed police checks prior to them starting work at the service.

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Using medicines safely

- People received their medicines safely from staff who had received training and competency checks to carry out the task.
- Staff completed records to show medicines had been administered. Protocols were in place for people prescribed 'as and when required' medicines, such as pain relief, these gave clear instructions for staff to

identify when these should be given and why and whether they were being effective.

#### Preventing and controlling infection

- The home was clean and tidy. We saw staff and people living at 703 Burton Road throughout the day cleaning and tidying communal areas. Staff told us they supported people to keep their bedrooms clean as well as do their washing.
- Staff had access to and wore personal protective equipment, such as aprons and gloves when required. Staff told us they had received training in infection control and understood the importance of reducing the risk of cross infection. Staff also told us there was a member of staff who had overall responsibility for infection control and ensured the service was clean.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and regularly reviewed by the manager. Information was shared with staff to understand what could be learnt from incidents to minimise the risk of them reoccurring.
- Staff told us information was shared in various ways such as team meetings and handover at each shift. Staff all felt the service learnt from incidents and amended care plans to reflect new information. For example, one staff member told us a person had recently moved to the service and staff were still learning what may cause the person to become distressed. Whenever staff learnt something new this was shared with the rest of the team and the person's care plan was updated.



# 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

- Prior to admission transition visits were arranged and pre-assessments were completed. Information was obtained from previous services if available, and staff at 703 Burton Road ensured they completed their own assessments, which was added to as staff became aware of people's individual needs.
- Staff worked in accordance with care plans to make sure people received care and assistance which met their individual needs. We saw staff throughout the day follow people's care plans. Staff told us they found people's care plans reflected people's individual needs and were routinely updated when needs changed. One staff member told us, "We always read people support guidelines to make sure we know how to support them." Another staff member commented, "The support guidelines make sure we provide consistent care."
- We saw guidance from NHS and other professional bodies were actively being used to support people to achieve the best outcomes. People's care and support was delivered in-line with legislation and current guidance.

Staff support: induction, training, skills and experience

- Staff confirmed they received a comprehensive induction which included training and time to read and digest people's care plans as well as time spent shadowing other staff. Staff told us they felt the induction prepared them for their role. One staff member said, "I hadn't worked in care before but the training I had before I started really helped me."
- People were supported by staff who had received up to date training to make sure they were practicing in accordance with current best practice guidelines. Staff undertook a variety of training some of which was completed on line and some more practical based training.
- In discussion with both the manager and staff it was clear recently there had been a change in the dynamics in the service due to changes in staff and people living at 703 Burton Road. Some staff indicated they would benefit from more training to manage the changes and this would improve staff confidence. We discussed this with the manager who agreed, although people using the service were not being placed at risk, staff would benefit from further training. We recommend the provider investigates further training to support staff in meeting people's more complex needs.

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

- People had access to a healthy and varied diet.
- Where possible people were encouraged to cook for themselves and there were no set meal times. We saw

people getting up during the morning and preparing their breakfast when they wanted it.

- One person showed us they had their own cupboard and shelf in the fridge where they could store their food. This was clearly important to the person and they showed they were happy they could choose and prepare their own meals.
- People living at 703 Burton Road decided on their weekly menu with their key worker and they would go shopping during the week to buy food. Staff told there was some flexibility so if a person changed their mind they could have alternatives. People were able to make drinks and snacks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies. Records showed staff were in regular contact with other professionals to share information when necessary about people's changing needs.
- As part of people's health action plan there was information available in the event someone needed to go to hospital or other medical treatment. This meant their care needs could continue to be met whilst receiving medical treatment.

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

- The service was of a domestic nature. The provider had an ongoing programme of refurbishment and we saw a shower room and bathroom had recently been refurbished. We saw a further shower room was due to be refurbished shortly.
- The provider had systems in place to assess the environment to ensure it was suitable for people who had autism. This is important as people with autism can find some environments distressing.
- People were keen to show us their bedrooms and were proud of how they had been able to decorate them as they wanted. One person showed us they had recently had new lights in their bedroom, which they were very happy with.
- We discussed with the manager the changing needs of people living at 703 Burton Road as some people living there were older and may in the future have mobility needs. We recommend the provider looks at ways of ensuring the environment continues to be suitable, as the people living at 703 Burton Road age and their needs change.

Supporting people to live healthier lives, access healthcare services and support

- Each person had a health action folder. This contained information about their individual health needs, a communication passport, appointments and records of meetings with healthcare professionals such as their GP or their consultant.
- A new person had recently moved to the service and we saw how they had supported the person to attend medical appointments to ensure their overall health, this included a visit to the dentist and supporting them through subsequent treatment.
- Staff told us they knew if people were unwell and they would contact the GP if they had concerns. They told us their local surgery was supportive and understood the needs of people living at 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 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, 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.

- The manager ensured that they complied with the MCA and DoLS and staff's understanding of the principles were checked at team meetings.
- People's MCA assessments clearly included information about people's capacity. They were comprehensive and decision specific. Where possible meetings were held with family members and professionals to ensure decisions staff made were in the person's best interests.
- Staff understood the importance of supporting people in making decisions about their lives where they could. Staff were able to give us examples how they supported people, including giving information in simple language as well as double checking they understood what they were being asked and were consistent in their reply.

# 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

- Staff knew people well and had formed positive relationships with them. There was detailed information in care plans about people's personal histories. We observed staff throughout the day interacting with people in a light hearted manner. People living at the service interacted positively with staff and we heard lots of laughter throughout the day.
- Where people needed prompting and guidance, staff did this in a respectful way whilst also encouraging the person to be actively involved.
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff knew how to support people in a way that took account of their abilities and lifestyle choices and care plans reflected this. Staff told us where people expressed a faith they were supported to attend their chosen place of worship.

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

- Staff had a person-centred approach when they worked with people. The manager promoted the service to be run with people's wishes and interests at heart.
- Staff understood the importance of supporting people to achieve their full potential through listening to what people told them. For example, social activities were tailored to meet individual needs.
- Staff used appropriate tone of voice when talking with people and clearly understood and were able to use people's preferred method of communication.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of protecting people's dignity. Staff responded with sensitivity and kindness when people presented behaviours that might compromise their dignity. Care plans reflected how staff should respond to ensure people's dignity was respected and independence promoted. One staff member told us, "The best way to promote someone's dignity is to promote their independence."
- Staff understood some people may wish to spend time on their own and this was respected. There were areas for people to socialise if they wished to, however people were also able to have their private space if they wished. People were not expected to eat meals together but sometimes they chose to. A member of staff told us, "It's nice when we all sit down together at the end of the day to share what we have done that day. It's like you would in a family."

# 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

- Each person had a person centred care plan, from this information staff knew people's likes and dislikes. They were able to provide people with support as they wanted to receive it. One staff member told us, "We have the care plans with the support guidelines they are really useful. Sometimes they might want support in a different way. So that's what we do."
- People were supported to make choices and have as much control and independence as possible.
- Care plans were regularly updated to ensure the information remained relevant. One person told us about their review. They said, "I dressed up for my meeting." Care plans included photographs of the planning people did prior to their review and included who they wanted there and what they wanted to talk about.

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 people's care plans detailed how they communicated and preferred to receive information. For example, one person preferred visual prompts such as showing them options to help make choices.
- If people needed things to put into a different format such as simple written language the provider had systems in place so this could be done.
- Staff also were supported to undergo Makaton training to support better communication with people. (Makaton is a language programme that uses symbols, signs and speech to enable people to communicate).

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 were supported to develop and maintain relationships. This included spending time with relatives. One person told us, "I am going to see my [relative] at Christmas." Another person said, "I went to the carols by candlelight concert yesterday."
- Staff told us people were out most days taking part in activities and were frequently recognised when they went into town and known by name. One person told us they knew lots of people and enjoyed going out.
- Care plans detailed people's interests and records showed what people each day including going into town for meals or shopping. The manager told us one person had expressed a wish to go on a cruise and they were looking at ways this could be achieved. Two people also did voluntary work at the provider's head

office and have been involved in this for some time and found it enjoyable.

- Staff worked hard to maintain people's relationship with their relatives, this included driving them to visit relatives and holding social functions where relatives were invited. A recent function held by the provider was an annual ball where all the services within the organisation came together. People told us how much they enjoyed this activity. The manager showed us photographs of people enjoying this activity.
- Where relatives had died staff continued to support people to connect with the memories of their deceased relative. For example, one person had a bench in the garden where they could sit and think about their relative. Another person had a small patch of garden where they could go and work and feel close to their loved one.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people had been given information about in formats which were appropriate to their needs.
- Staff told us because they worked closely with people they were able to pick up on any concerns before they became serious and respond quickly. No complaints had been received since our last inspection.

End of life care and support

- At the time of the inspection, there was no one being supported with end of life care.
- People had health action plans in place which looked at people's on going health needs and what support they needed, this included any cultural needs identified.

# 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

- A new manager had recently taken over and staff spoke positively about the change in management. All staff understood their roles and their responsibility in providing good quality care.
- Staff told us they felt the new manager was very supportive and appreciated they worked alongside them on occasional shifts. Staff told us they enjoyed working at the service and they worked well together to ensure good outcomes for people.
- The manager spoke openly and honestly throughout the inspection process. They talked about what they wanted for the future of the service, including their plans for implementing improvements.

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 was committed to being open and transparent with families and relevant bodies at all times, especially if anything went wrong.
- The provider submitted notifications of significant events, such as incidents and accidents, to CQC in a timely manner and had displayed their ratings which is a legal requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service currently does not have a registered manager. However the new manager has started the process to register with CQC.
- The provider had effective quality assurance systems in place and they were used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify any areas for improvement.
- Regular handover, supervision and staff meetings provided opportunities to discuss current practice, support and any required changes. A staff member told us, "Communication is very good here."

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

- The service involved people and other stakeholders in a meaningful way. There was a key worker system where people were able to spend time with a member of staff and discuss anything important to them

including if they were happy living at the service or had any worries about staff. Any concerns were discussed with the manager and resolved.

- The people's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported.

Continuous learning and improving care: Working in partnership with others

- The service had good working relationships with other agencies, including local primary care services.
- The manager worked closely with staff to help them develop their knowledge, skills and confidence.
- The manager had access to news and updates through the provider to ensure they were updated in relation to any changes in legislation or good practice guidance.