

Voyage 1 Limited

Carville Road

Inspection report

52 Carville Road
Wallsend
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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

Carville Road is a care home which is registered to provide personal care and accommodation for people with an acquired brain injuries. Accommodation is provided in one adapted building over two floors. The home is registered to provide care for up to 12 people. At the time of the inspection 10 people were living at the home.

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

People received care and support from a service which was well-led. The registered manager led by example and promoted and ensured the values of the organisation were embedded within the culture of the home. A range of audits were in place to monitor and review the quality of the service.

Accidents and incidents were reviewed to identify if any themes or trends were evident and to assess if measures could be taken to reduce the risks people were exposed to. Systems were in place to safeguard people from abuse and staff were confident in the actions to take. There were enough staff to meet the needs of people and safe recruitment procedures were followed.

Staff demonstrated kind and caring attitudes and always promoted the privacy and dignity of people. Staff encouraged people to be independent and people or their representative were involved in planning and reviewing their care.

Meaningful activities were available to people and staff supported people to attend social events of their choice. Visitors were welcomed into the home. People received care from staff who received training to enable them to carry out their job role effectively and staff felt well supported. One relative said, "All the staff I have come across all seem well trained. They all just seem to do what you ask them to. I just find that all the staff are lovely."

Staff provided care to people which met their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was good (published 26 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence 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?

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.

Carville Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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

The inspection was unannounced.

What we did before the inspection

Prior to the inspection, we checked all the information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

We used all of the information received to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the registered manager and four members of the staff team.

We reviewed care records for two people. We looked at a range of records in relation to the safety and management of the service.

After the inspection

We contacted three health and social care professionals to seek feedback about the service. We continued to seek clarification from the provider to validate the evidence we found.

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 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

- Systems were in place to safeguard people from the risk of abuse.
- People told us they felt safe. One person said, "I feel safe here [Carville Road]. The staff and other residents are friendly."
- Staff understood their role in how to protect people. Staff told us they were confident in the actions to take if abuse was suspected and knew how to escalate their concerns if necessary. One staff said, "I've never had to raise a concern but I would be confident to do this. The management team encourage us to report any whistle blowing concerns if there were ever any."

Assessing risk, safety monitoring and management

- The risks people were exposed to were assessed. Risk assessments were reviewed and updated when a change in need was identified. Risk assessments included information of the actions taken to mitigate known risks.
- People were encouraged to be independent where they could be. Risk assessments were in place which supported positive risk-taking. Where risks were identified, care plans showed ways in which staff could reduce these risks. This enabled people to take part in activities such as going out independently.
- Environmental checks had been completed to help ensure the safety of the building. Risk assessments relating to the environment were in place.

Using medicines safely

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.

Staffing levels and recruitment

- There were enough staff deployed to meet the needs of people.
- Safe recruitment procedures were in place. The registered manager described the process in detail and the recruitment checks made prior to any new employee starting work.

Learning lessons when things go wrong

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks.
- Staff were updated of any accident or incident at team meetings and during supervision sessions.
- Action plans were developed to implement changes if improvement actions were identified.

Preventing and controlling infection.

- Infection control procedures were in place and followed by staff.
- The environment was clean, homely and had no malodours.
- Personal protective equipment such as gloves and aprons were available for staff and people to use.

Is the service effective?

Our findings

Effective – this means 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 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.

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

- People's nutritional and hydration needs were met.
- Staff were knowledgeable about people's dietary needs and preferences. Food was prepared to the correct consistency for people who required a specialised diet. People had access to food and drink when they wanted it.
- The service was awarded a 5 star food hygiene rating.

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

- Assessments of people's needs were completed. Assessments were comprehensive and developed for every assessed need people had.
- Care plans contained all the relevant information to guide staff on how to deliver care and support.
- Care plans were reviewed at the frequency identified by the provider and updated when a change in need was identified.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed the principles and guidance related to Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority for DoLS authorisations in line with legislation.
- People's ability to consent to their care and treatment was assessed.
- Staff understood the need for best interest decisions to be made for people who lacked the mental capacity to make certain decisions for themselves.
- Systems were in place to involve people in the decision making process.

Staff support: induction, training, skills and experience

- Staff training was delivered. A training programme in place which was relevant to the needs of people. Training the provider had deemed mandatory was provided to staff.
- Systems were in place to monitor staff's skills and competency. This included the use of supervision, observations and team meetings.
- Staff completed the care certificate training. The care certificate sets out the skills, knowledge and expectations of staff in care based roles.

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

- People's healthcare needs were met. People were supported to have access to a range of healthcare professionals to ensure they remained healthy. Staff worked with other agencies and accessed services when people's needs changed.
- Staff followed any recommendations provided by health care professionals.

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

- The environment had been adapted to meet the needs of people.
- People personalised their bedrooms with belongings of their choice.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives said staff were caring. One person said, "The staff are lovely and do care about us. They [staff] always look what they can do for us." A relative told us, "It's not just that the staff are lovely with [name of person] they are also lovely with me, they are all just so kind."
- Staff demonstrated a kind and caring attitude during their interactions with people. Staff were compassionate and offered reassurance to people when this was required.
- The registered manager led by example and promoted a caring culture within the home.
- Staff understood people's needs well. One staff member told us, "This job opens your mind to considering a brain injury could happen to anyone. I think we do little things every day that make people happy. Sometimes I think it's the little things that we do that count."
- Staff were knowledgeable about the care and support needs of people. Routines which were important to people were recorded and staff worked to ensure these routines were maintained.

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

- People were involved in the assessment process. Care plans demonstrated the involvement of people or where appropriate their representatives. Where people were able to they had agreed decisions about their care.
- Advocacy services were used to support some people. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People's preferences of what was important to them was recorded in care plans. Records were person-centred and detailed important information from people's life histories.
- Staff encouraged people to be as independent as possible. Staff recognised the importance of allowing people to do things for themselves rather than doing everything for people.
- Staff worked in ways to protect the privacy of people. Staff gave examples of how they respected people's dignity. For example, during personal care support.
- People's confidential information was maintained.

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 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; 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 were responsive to people's needs. Staff delivered care and support which was personalised and specific to their needs and preferences. Care plans reflected people's health, social and cultural needs and demonstrated the involvement of other health and social care professionals.
- Communication systems were in place to share information between staff.
- Staff supported people to maintain relationships with their family and friends. Visitors were welcomed into the home.
- Meaningful activities were available for people. Staff explored opportunities for people which were relevant to them and their likes. In addition, staff supported people to attend social events. One person gave us positive feedback of a concert staff supported them to attend.

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.

- People's communication needs were met. Staff knew the most effective methods to communicate with people. Communication needs were recorded in care plans and adjustments were made to share information with people in alternative formats if necessary.
- Information was available in accessible formats. For example, some easy read documents had been produced to support people who could not understand written words.

End of life care and support

- No-one at the service was receiving end of life care.
- End of life care plans were in place for people using the service. These contained person-centred information and people's preferred priorities for their end of life care were recorded. Any cultural or religious needs of the person were recorded.

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged. The provider had a clear policy which detailed how any complaints would be investigated and responded to.
- No complaints were raised with us during the inspection.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest when something goes wrong

- Effective systems were in place to ensure legally required notifications were submitted to CQC. The registered manager understood their responsibilities in relation to the duty of candour regulation. They worked in an open and transparent way.
- Quality assurance systems were in place. Audits and checks were completed by the registered manager and provider to monitor the quality of the service and drive improvements. Action plans were developed to address any areas where improvement actions were required.
- Staff were competent and understood their roles.

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

- A culture of delivering person-centred care was evident through-out the service. Care records demonstrated person-centred reviews were completed. The focus of reviews was to ensure people achieved the best possible outcomes which were specific to them.
- Staff reflected on their performance to consider alternative ways of working to improve care.
- The culture of the service was caring and focused on achieving the best possible outcomes for people. The values of the service were identified as, 'ETHOS'. This stood for, empowering, together, honesty, outstanding and supportive. Staff at all levels were encouraged to promote these values.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Meetings were held with colleagues across the providers locations to share best practice and learning.
- Staff told us the registered manager and deputy were approachable and they felt valued and well supported. One staff member told us, "I'm proud of the staff team and how friendly we are and how we can all work together. I just love it here, if there is an issue we talk about it to resolve it. It's like my second family here."
- Systems were in place to gather feedback from people, relatives, staff and professionals. For example, surveys were used as a tool to gather feedback.
- The registered manager recognised staff for their contributions and was proud of the achievements of people and staff.

Working in partnership with others

- Relatives were complimentary of the service and how it was managed.
- Staff had positive working relationships with health and social care professionals to ensure the needs of people were met.