

Voyage 1 Limited

182 Ashby Road

Inspection report

182 Ashby Road
Burton on Trent
Staffordshire
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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 this service on 5 December 2017 and the inspection was unannounced and undertaken by one inspector. At our previous inspection in November 2015, the service was meeting the regulations that we checked and received an overall rating of Good. At this inspection we found the service remained Good.

182 Ashby Road is a care home located in Burton on Trent and is registered to accommodate five people. At the time of our inspection five people were using the service.

There was a registered manager in post. 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. The registered manager oversaw the running of the home and was supported by a deputy manager, senior support workers and support workers.

People continued to receive safe support. There were enough staff to support people and they understood their role in protecting people from the risk of harm. People were supported to understand how to keep safe and risks to people were identified and they were supported to take reasonable risks to promote independent living. Environmental risks within the home were managed well to ensure people's safety was considered. People were supported to take medicines and records were kept which demonstrated this was done safely. Safe recruitment procedures were in place to ensure new staff were suitable to work with people. People were protected by the systems in place for the prevention and control of infection.

People continued to receive effective support. Staff had the skills to support people because they received support and training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in the assessment and reviews of their care; which enabled them make decisions about how they wanted to receive support in their preferred way. People were encouraged to eat a balanced diet that met their preferences and assessed needs and were supported to access healthcare services. People received coordinated support that met their needs and preferences because the registered manager worked with other organisations and healthcare professionals to achieve this.

People continued to receive caring support. There was a good relationship between people and the staff who knew them well and promoted their independence and autonomy. People's privacy and dignity was respected and upheld by the staff team and people were supported to maintain relationships with those who were important to them.

People continued to receive responsive support. People were supported develop and maintain interests and be part of the local community to promote equality and integration. The registered manager actively sought and included people and their representatives in the planning of care. There were processes in place

for people to raise any complaints and express their views and opinions about the service provided.

People continued to receive well led support. A positive culture was in place that promoted good outcomes for people. People were involved in developing the service; which promoted an open and inclusive culture. Staff understood their roles and responsibilities and were empowered by registered manager to develop their skills. The registered manager and provider understood their legal responsibilities and kept up to date with relevant changes. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

182 Ashby Road

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.

This comprehensive inspection took place on 5 December 2017 and was unannounced. The inspection visit was carried out by one inspector.

182 Ashby Road is a care home located in Burton on Trent, Staffordshire and is owned by Voyage 1 Limited. 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.

182 Ashby Road is registered to provide a care home service without nursing for up to five people with learning disabilities and associated conditions in one adapted building. At the time of the inspection there were five people using the service.

182 Ashby Road met the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The inspection was informed by information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

During the inspection we spoke with three people who used the service and observed how staff interacted

with them. We spoke with the registered manager, deputy manager and two care staff. We looked at two people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement, such as their quality monitoring audits which included infection control audits and fire safety checks.

Is the service safe?

Our findings

People were supported to understand how to keep safe. One person told us, "The staff talk to me about staying safe and I would tell them if I didn't feel safe." Another person told us, "If I wasn't happy I would tell the staff or there is a number I can ring but I think I would ask the staff to ring it for me." Systems and processes were in place to protect people from the risk of harm such as the provider's confidential service called 'See Something, Say Something' which was for people living at the home who wanted to raise concerns about the service provided. Staff knew how to recognise and report potential abuse to keep people safe from harm and received training. One staff member told us, "We have safeguarding training and it's updated every year. If anyone disclosed anything to me I would go to the senior or if that wasn't appropriate to the manager or deputy. They would then report to safeguarding if that was needed." The registered manager had reported safeguarding concerns to the local authority as needed. This was in line with the provider's procedures.

Staff had received training on how to support people in the least restrictive way when they demonstrated behaviours that may put them or others at risk. Where incidents occurred detailed records were in place to demonstrate the support the person received and these had been analysed to look at how the person could be supported to reduce these behaviours. For example, one person who was demonstrating unsafe behaviour had told the registered manager that they wanted to work towards reducing their one to one support, the removal of the assistive technology on their bedroom door and support obtaining a job. We saw that the staff had worked with this person in achieving this.

We saw that people were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through assessing each individual's abilities and the support they needed to keep safe. For example, assistive technology was in place such as call systems within each person's bedroom. One member of staff told us, "They aren't really used as everyone is able to move independently but they are there if needed and we test them every week to make sure they are working." To enable people to go out independently, travel training was provided as required, such as learning specific routes to places of work or the local town centre. Risk assessments were in place within each person's care file and we saw these were updated as required to ensure any changing needs were addressed.

People were supported to keep safe in the event of a fire or other emergency that required their home to be evacuated. One person said, "We do fire drills with the staff to see how quickly we can get out of the house." We saw that plans were in place to respond to emergencies, such as regular fire drills and emergency/ fire evacuation plans. The plans provided information on the level of support a person would need and we saw that the information recorded was specific to each person's individual needs. This supported staff to understand the actions that would be required. Sprinklers were in place within every room of the home and water tanks for the sprinklers were in place in the cellar. This ensured in the event of a fire it could be eliminated quickly. The deputy manager told us, "If there was a fire, the sprinkle in that room would activate to put the fire out." A grab bag was also in place with essential information for use in the event of an emergency situation. Records were in place to demonstrate that the maintenance and servicing of

equipment was undertaken as needed to maintain people's safety.

We saw that the provider had management systems to minimise environmental risks. The staff completed daily, weekly and monthly checks to ensure that the building and equipment was safely maintained. Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

People were supported by a consistent staff team that were available to meet their needs and preferences and support them to pursue their aspirations. The staffing levels were based upon each person's individual support needs. The registered manager told us, "There are no core staff hours; everyone's support hours are based on their individual assessed need." We saw throughout the day people were supported to go out as they wished. One member of staff told us, "There is enough staff and if anyone is off sick or if we need an extra member of staff we all help out; it's a really supportive team." This comment reflected our observations, as we heard a member of staff arranging to take a person to visit their relative later in the week on their day off. This was because the person wanted to see their relative and give them their Christmas presents before their relative went on holiday. The deputy manager told us, "There isn't a driver on that shift and they live a good distance away, the staff are brilliant here; there's very good team work." There was a good skill mix of staff in place which included the registered manager, deputy manager, senior support staff and support staff.

Safe recruitment practices were in place. We looked at two staff files and saw the provider checked the suitability of staff prior to employment. The staff recruitment records seen included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "I wasn't allowed to start work until my DBS came back." The staff files seen had all the required documentation in place.

We looked at how staff supported people to take their medicines. People told us they were supported to take their medicine and understood why they needed it. The provider had processes in place to receive, store, administer, and dispose of medicines safely. Staff that administered medicines told us they had undertaken training and received competency checks and records seen confirmed this. The deputy manager told us, "Myself and the manager undertake three competency checks with staff following the training before they can administer medication." Medicine administration records were kept and we saw that staff signed when people had taken their medicine and kept a running total of the balance after administration. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. We checked some medicines against the stock balance and they corresponded. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when 'as required' medicines should be given.

We saw the staff supported people to keep the home clean and staff received training in food safety and the Control of Substances Hazardous to Health Regulations (COSHH). This training sets out standards for the safe storage of hazardous substances like cleaning products in working environments. We saw that cleaning products were stored securely. A daily cleaning schedule and night cleaning schedule were undertaken by staff along with a weekly and monthly schedule to ensure good hygiene standards were maintained. One member of staff had been delegated the responsibility of ensuring these tasks were completed and recorded. The deputy manager used this information to complete audits of infection control and health and safety to ensure any areas for improvement had been identified and action taken as required. We saw that all actions were completed in a timely way such as replacing or repairing equipment and utilities as needed.

Continuous monitoring was in place to ensure any accidents or incidents were reviewed and actions taken

as needed. The provider's systems enabled the manager to look for any patterns or trends; to enable them to take action as needed. For example when a person's support guidelines were updated they enlisted the support of a behavioural therapist from the community learning disabilities team to ensure the person's activities were more meaningful to them to enhance their well-being and mental health.

Is the service effective?

Our findings

People were assessed before they moved into the service to ensure their needs could be met. Support plans were completed and reviewed regularly to enable the staff team to support people in accordance with their needs and preferences. People confirmed they were involved in producing their support plans and risk assessments. One person said, "My keyworker goes through my plans with me and if there are any changes they are written down." We saw that monthly keyworker meetings with the people were completed to support them to achieve their goals. One member of staff told us, "I go through everything with [Name] before they sign to say they agree."

People confirmed they were happy with the support they received from the staff team. One person said, "The staff are nice. I've got a key worker and they are helping me to look for a job. I go out and about with them too." Another person told us, "The staff are brilliant; I can be a bit lazy if I'm honest, so it's really good that they encourage me to do things. I definitely do more now than I used to."

Staff continued to receive training to develop their skills and understanding. One member of staff told us, "The training is good and the system flags up when refresher training is due and we are booked on to it if its classroom based or complete on life if it's eLearning. There is a test at the end to makes sure we've understood." Another member of staff said, "The training covers everything we need to support people. We don't need full moving and handling because no one has mobility problems, so we get the basic one for posture and lifting items." Staff told us they felt supported when they commenced employment. One member of staff said, "When I first started I shadowed other staff to get to know everyone and I read care plans. I didn't need to do the care certificate as I have level 2 in care. The care certificate is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. The registered manager confirmed that new staff without qualifications in care would complete the care certificate. The registered manager wrote in the PIR that when staff completed their probation they were enrolled onto diploma course in health and social care where this had not already been achieved. This supported staff to commit to a continuous development plan and encouraged reflective practice.

Staff confirmed they received regular supervision and we saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff said, "The support is very good not just at supervisions but at any time. We can speak to the manager or deputy on a daily basis about anything." The registered manager confirmed that supervisions included providing staff with constructive feedback and identify training needs.

People confirmed they were supported to make decisions regarding their meals. People told us they planned, purchased and prepared their meals on an individual basis with staff support. One person told us, "I do my food shop on a Wednesday. We all do our own shopping and cook separately. That way everyone gets what they want and we are learning to be independent." Information in people's support plans demonstrated that staff supported and encouraged people to maintain a healthy balanced diet. One person

told us, "I cooked lobster on Saturday which was nice and I also like steak." One person had been supported to lose weight and attended a local slimming club. The support plans we looked at included an assessment of people's nutritional requirements and their preferences and we saw that people's dietary needs and preferences were met.

The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way. For example one person required support with their mental health and often chose to spend time in their room rather than socialising. The staff team had worked with the community nurse where the person completed certain tasks or activities on a gradual basis to enhance the person's well-being and interact more with others. People confirmed they had links with the local community, such as attending craft cafés and leisure centres.

People confirmed they were supported to see health care professionals as needed. One person told us, "I would go to the doctors if I wasn't well and the staff would support me and I go to the opticians and dentist for check-ups." A health action plan and hospital passport was in place for each person. This provided support staff and health care professionals with information about the person's health needs. This included information on the level of support the person needed with healthcare appointments to ensure people could be supported in an individualised way when accessing health care services. The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way. For example links had been developed with the local community learning disabilities team to assist people with their health and behavioural support needs. We saw that one person had been supported to attend the hospital for exploratory tests due to a health condition. Another person required regular blood tests because of a medicine they took and we saw this was done. The staff team had a good understanding of this medicine and the need to monitor this person's health to ensure actions could be taken as needed.

182 Ashby Road is a domestic style house that had been adapted to ensure regulations were met such as fire safety; this included a fire alarm panel, firefighting equipment and sprinklers to eliminate compartmental fires. A call bell system was in place; however as people were independently mobile this wasn't used by anyone at the time of this visit. People were able to communicate their needs and preferences verbally and did not require assistive technology to support them in communicating.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. The registered manager confirmed that all of the people that used the service had the capacity to make decisions people confirmed that they consented to the support they received. Staff demonstrated they understood their responsibilities for supporting people to make their own decisions and we saw this was done. For example people chose how to spend their day and where they wanted to go. One person told us, "The staff support me to do what I want to do every day. I have a planner where I decided what I want to do. I can change my mind if I don't want to do something. Today I'm just relaxing at home." We saw throughout the inspection that people were supported to spend their time as they chose with no restrictions on their freedom or liberty.

Is the service caring?

Our findings

People told us their relationship with the staff was good. One person said, "I get on well with the staff; they support me with a lot of things like shopping and going out." Another person said, "I have a laugh and joke with the staff, they are all nice."

We observed staff chatting with people and supporting them with their daily living tasks and going out into the community. Information was recorded regarding people's preferences and personal histories. For example, each person had information regarding people that were important to them, their interests and preferences. Staff we spoke with knew people well and discussions with staff reflected what we read in people's support plans. People confirmed they had meetings each month with their key workers to discuss what they wanted to achieve. One person told us, "My key worker is supporting me to find a job."

All of the people that used the service were independent in their personal care. Some people required prompting to undertake personal care. For example one person preferred a bath to a shower. However to ensure they bathed the staff supported them to run their bath and check the water temperature before they got in. People confirmed that staff respected their dignity and privacy when using the bathroom and when they chose to spend time in their bedroom. One person told us, "The staff will always knock on my door, they never just walk in." Confidentiality regarding each person was respected.

We saw that staff only had access to information about people on a need to know basis. For example some information regarding one person's background was only accessible to senior staff due to its sensitivity. This demonstrated that consideration was given to ensure people's human rights were respected.

People were supported to develop their daily living skills to promote independence. We saw the staff had worked with one person to reduce their one to one support and, following a review of their support plans and risk assessments they had started to access the community independently. We saw that staff worked with people to build their confidence and self-esteem. For example one person had purchased new coat and we heard staff complimenting how they looked in the coat.

People knew about advocacy services and a poster was on display. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. None of the people that used the service were using an advocate at the time of our visit.

People were supported to maintain relationships with people who were important to them. At the time of this visit one person had gone to spend a few days with their parents. Another person was supported to purchase Christmas presents for their family and they had made plans with a staff member to deliver them later in the week. Information in people's care plans demonstrated that people were supported to maintain contact with those important to them.

Is the service responsive?

Our findings

The initial assessments undertaken prior to people using the service were used to develop support plans. People confirmed they were involved in these and were involved in reviewing their support plans. We saw that people were supported to develop their skills. The aim of this was to enable people to move into a more independent living environment. For example one person was being supported with this by the registered manager and provider and they had been fully involved in this decision. They and another person who lived next door; also in a residential home owned by the provider, were being supported to look for accommodation together. The registered manager told us, "They both get on really well and would like to get a place together; I think they will manage really well, it will be the making of them."

We saw that people were supported to find employment. For example one person worked voluntarily for a local housing provider and had recently been offered employment by them. Another person had been supported to find work at a local charity shop. The deputy manager told us, "They have been for a taster session and really enjoyed it." The registered manager told us that the aim was to find employment for everyone that lived at the home.

One person had a role of quality checker within services owned by the provider. this involved them being part of an annual audit with the provider's quality team and visiting various services, highlighting how they felt a service should support people, from the perspective of a person who also uses services.

We saw that people were supported to follow their interests. We saw one person went train spotting with their staff support. Another person went to the cinema with their staff support and told us, "I am going to get something to eat first when I get into town and then off to the cinema. I might get a hotdog at the cinema." When they returned from the cinema they told us they had enjoyed the film.

People were supported to socialise and access their local community. One member of staff was part of a relationship and activity committee that met each month with other local services to promote activities and events for the people that used the service. As a result of this committee one person attended a craft cafe and others had met up for a meal at the local pub. People told us that they were attending the provider's Christmas ball along with their family members and friends.

Photographs of events were on display in the home which showed that people led full lives and were supported to do the things that they enjoyed.

Everyone that used the service was able to verbally communicate their needs and preferences. We saw that pictorial information was available within support files to support people's understanding. Various methods were used to support people to plan their week ahead. Some chose their activities and menus on a daily basis; others chose to plan in advance, using either writing or pictures. This demonstrated that staff worked in partnership with people to ensure they were at the centre of the support they received.

Staff told us they would report any concerns to the registered manager. One member of staff told us, "We

discuss with people what to do if they have any complaints. I would tell the manager or deputy if anyone raised any concerns to me." People told us they knew what to do if they had any complaints and confirmed they would speak to the staff or manager. A complaints procedure was in place on how to express a concern or raise a complaint. A system was in place to record the complaints received and one had been received in 2017 and addressed in a timely way; we saw that the actions taken and outcome recorded. A system was in place to audit the complaints received each year to identify any patterns or trends.

The provider was not supporting people with end of life care, therefore we have not reported on this at this inspection.

Is the service well-led?

Our findings

Staff were committed to promoting equality and supporting people to lead full lives. One member of staff told us, "We are here to support and encourage people to do what they can for themselves and learn new skills to encourage independent living." People we spoke with confirmed that the staff supported and encouraged them to do this.

There was a registered manager in post who was clear on their responsibilities. They understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken. The current rating for the home was displayed in the home and on the provider's website in line with our requirements.

The registered manager had a wealth of experience in working with adults with a learning disability; this knowledge had supported them in their understanding of the needs of people that used the service. There was an infrastructure of support for the registered manager which included their line manager, a deputy manager, senior care staff and care staff. The registered manager confirmed they felt supported to undertake their role and told us, "I feel very supported by Voyage. Everything is at hand with head office; anything I need is provided." We saw that resources were available as needed, for example the service had been decorated and everyone had chosen what colour they wanted as a feature wall in their bedrooms

The registered manager told us that peer support was provided across the organisation and confirmed she was matched with a registered manager of another care home in the area. She told us, "My peer support has a wealth of experience and knowledge so it is really useful."

Staff received regular support and supervisions from the management team. This included appraisals, supervisions and team meetings. Staff confirmed that the culture of the service enabled them to speak with any member of the management team if they had any concerns or questions. One told us, "It is a lovely place to work and I am confident that whatever is discussed in my supervision session remains confidential." Another member of staff told us, "The manager is brilliant; there is lots of structure and both the manager and deputy manager know people really well."

The registered manager encouraged staff to take ownership of their roles. This included delegating tasks such as rota planning, shift leading and mentoring. One member of staff told us how they had secured a more senior position in another of the provider's services. The registered manager told us, "They have done really well. It will be sad to see them go as they are so good but they need to continue to professionally develop." This demonstrated that the registered manager empowered the staff team to develop their skills.

People were consulted and involved in the support they received and were encouraged to give their views of the service to drive improvement. This included monthly keyworker meetings, house meetings and annual service reviews which were undertaken and people's relatives and friends were invited to attend social events, for example the event in 2017 had been a festival organised by the provider. Quality questionnaires

were also being sent out to people and their representatives at the time of our visit, the registered manager told us this information was being collated by February 2017.

The registered manager undertook quality audits each month, using the provider's corporate tool to assess the standards of care and support provided. Following the audit any required improvements were listed on the 'consolidated action plan' and all staff were encouraged to take part in making any improvements. The plan was reviewed regularly along with the annual service development plan. The provider's quality team also undertook audits and we saw that any actions left were addressed by the registered manager.

The registered manager ensured that people received the relevant support from other agencies as required, such as community health care professionals and commissioners to support people to move on to supported living accommodation when the time was right for them.