

Voyage 1 Limited

London Road

Inspection report

46 London Road
Gloucester
Gloucestershire
GL1 3NZ

Tel: 01452380835
Website: www.voyagecare.com

Date of inspection visit:
05 December 2022
07 December 2022
12 December 2022

Date of publication:
19 January 2023

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

London Road is a residential care home providing accommodation and personal care to up to 10 people. The service also provides personal care to 3 people in 1 'supported living' setting. The service supports people living with acquired brain injury. At the time of our inspection there were 12 people using the service.

London road is a large adapted building with 10 bedsit-like 'flats' with ensuite bathrooms. Communal facilities included an adapted kitchen, living room and adapted bathroom. There was a passenger lift to the first floor, allowing wheelchair access, a laundry, activity and storage rooms. People in supported living had their own bedrooms and shared the kitchen, dining, bathroom and living rooms. There was a staff office/sleep-in room within the house.

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

People's risks had been assessed and their support plans detailed the actions staff should take to keep them safe. Individual risk assessments and support plans were reviewed regularly, and timely action was taken when people's needs changed. Staff followed advice from professionals when managing risks in relation to choking, pressure care, seizures and medicines. People's medicines were reviewed regularly to ensure they remained suitable. The registered manager had ensured the equipment people needed was available and appropriately maintained. Provider policies were followed to manage environmental risks including fire and control of infection.

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.

When people were unable to consent to any restrictions needed to keep them safe, capacity assessments had been completed and applications to deprive them of their liberty had been submitted. Each person had a named staff member [keyworker] who supported them with planning and decision-making. Improvements had been made to staff recruitment, employment conditions and training to address staffing challenges and ensure staffs' approach maximised people's choice, control and independence.

The provider and registered manager were committed to ensuring improvements underway at the service were completed. Increased investment, oversight and leadership, recruitment changes, staff training and support were all having a positive impact on the service's culture. Effective working relationships had been established with health and social care professionals. Feedback from people and their relatives had been acted upon. People's comments included, "I love it here" and "It is cool so far". A relative said, "I am grateful."

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 requires improvement (published 06 May 2022) and there were 3 breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 23 and 24 February 2022 and 01 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

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 from requires improvement to good. 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 London 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.

London 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

London 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. London 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.

This service also provides care and support to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements at this setting. CQC does not regulate premises used for supported living; we looked at people's personal care and support.

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 registered manager in post.

Notice of inspection

This inspection was unannounced. On the first day of the inspection, we sought consent from people in supported living to visit them on 7 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 8 people who used the service and observed people interacting with staff. We spoke with 5 people's relatives. We received feedback from 5 professionals about their experience of the care and support provided by the service. We saw recommendations made by Headway following their approved provider assessment visit to the service in October 2022.

We spoke with 12 staff including the provider's brain injury rehabilitation operations director, operations manager, registered manager, an administrator, 2 senior support workers, therapy coordinator and 5 support workers.

We reviewed a range of records. This included people's care records and records of incidents and accidents. A variety of records relating to the management of the service, including the service's action plan and recent audits were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess the risks to people's health and safety, to do all that was reasonably practicable to manage risks and to ensure staff had the competence and skills to provide care safely. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and actions for staff, to keep people safe, were detailed in related support plans. Risks relating to pressure area care and malnutrition were reviewed regularly using nationally recognised tools. When people's needs changed, for example, in relation to choking risks, staff referred them to health care professionals promptly, any recommendations were implemented, and records updated.
- Staff understood risks to people and how these were managed. Staff were familiar with the International Dysphagia Diet Standardisation Initiative (IDDSI) and referred to IDDSI levels when communicating about how people's food and drink should be prepared. A relative said, "He aspirates, so to keep him safe, 2 people [staff] are with him when he eats and drinks."
- The service ensured equipment in use was safe and appropriate for people. The registered manager worked with health care professionals and specialist services to ensure people had the equipment they needed. Relatives said, "His wheelchair was in a bit of a state, but in August, he got a new purpose built chair which makes a big difference" and, "I have been pushing for 5 years for him to have a special toilet chair. The new [registered] manager got it quickly".
- Lessons had been learned and action taken to improve safety following a hoisting incident. Disciplinary action was taken, and all staff received further training and feedback about the importance of following the provider's processes. We saw staff carried out checks before using hoisting equipment and had reported any concerns or faults in a timely manner.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not sought appropriate authorisation to deprive a person of their liberty. This was a breach of regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 13.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA. Appropriate legal authorisations had been sought to deprive 3 people of their liberty. These applications were awaiting assessment by the relevant funding authorities.
- People were protected from the risk of abuse as staff understood and followed safeguarding processes. Staff knew what they should report and to whom and which external agencies should be involved in response to safeguarding concerns. Systems were followed and checks completed to protect people from the risk of financial abuse.
- The provider acted to safeguard people in response to allegations or concerns, by putting protective measures in place, carrying out investigations and involving external agencies. At the time of the inspection, the provider was investigating concerns raised to the registered manager and CQC. We saw people were very comfortable with staff, often joking and smiling; a relative said, "You can tell they [staff] genuinely care for him; they have a good relationship with him."

Staffing and recruitment

- We saw the provider's 'safe staffing levels' were met or exceeded, and staff confirmed the service never went below these levels. The provider was addressing long-standing staffing issues through active recruitment, improved staff pay and conditions.
- The service had been managed by the registered manager with support from one part-time senior support worker. A staff member said, "We desperately need seniors and a deputy." A full-time senior from the provider's sister service had recently started work at London Road and another senior was due to start. Recruitment was in progress for the deputy manager role.
- Regular agency staff were used where possible. Core staff completed higher risk tasks including supporting people with their medicines and money and supporting people at risk of choking. We saw staff supporting people appropriately and delivering care in a timely manner.
- Safe recruitment practices ensured staff were suitable to work with people using the service.

Using medicines safely

- Medicines were stored safely. People's medicines were stored in locked medicines cabinets in their rooms. This helped to reduce risk of medicines errors including medicines being given to the wrong person, or errors resulting from staff being distracted. Systems were in place to ensure medicines were stored at the correct temperature.
- Records showed people had received their medicines as prescribed. The provider had identified improvement was needed in completing medicines counts and this work was underway to ensure people's medicine was always available and any errors could be identified promptly. We have not yet been able to test the effectiveness of these actions.
- People were supported by staff to make their own decisions about medicines wherever possible.

- People's medicines were reviewed annually to monitor the effects on their health and wellbeing and ensure they remained appropriate.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. The provider's process allowing staff to eat alongside people who use the service was not in-line with national guidance at the time of the inspection.

We have signposted the provider to resources to develop their approach.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting.

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 requires improvement. At this inspection the rating has changed to good. 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. Continuous learning and improving care

At our last inspection the provider had failed to operate effective quality assurance systems to improve the service and had failed to monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to ensure risks to people were managed and the service was safe. The provider monitored progress on the service's action plans and had carried out quarterly audits to monitor the quality and safety of the service. The provider had appointed a brain injury rehabilitation operations director to lead their specialist brain injury services.
- The registered manager started working at London Road in March 2022 and had made a positive impact despite the lack of consistent senior staff team. Relatives comments included, "[Registered manager] has done a very good job, she has implemented changes swiftly" and "She doesn't let things slip, like the day visits; she got that moving."
- Following the specialist director's visit in November 2022, additional support for the registered manager was provided, including introducing a monthly 'spotlight review' process. This new quality process allowed the registered manager to access support and expertise from others within the organisation whilst further increasing provider oversight.
- The service had notified CQC of key incidents as required. Effective action had been taken following an incident where the relevant policy and support plan had not been followed by a former staff member, resulting in an injury to a person. Staff could clearly explain moving and handling risks to people and were confident when explaining how they mitigated these risks.

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

- The service culture had improved with greater focus on promoting people's independence and improving their quality of life. Support plans were person-centred and therapists' advice / therapy instructions were

followed. A professional said, "[Registered manager] knows exactly what is going on, she gets an update at the end of each session. She is patient-centred and involved."

- Work to improve service culture and outcomes for people was ongoing and focussed. A 2-day staff workshop was held the week before our inspection exploring staff skills, communication, roles and responsibilities and what could be improved. Staff discussed outcomes for people, promoting independence and planning activities they would deliver.
- The provider responded positively when concerns were raised during the inspection and shared their investigation report and action plan with us. This demonstrated ongoing investment in staff training and professionalism. When asked about the atmosphere in the service, a relative said, "Jovial, pleasant, definitely caring. Staff do care, they give him the time he needs."

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

- Communication and engagement with others had improved. A professional said, "I would say much improved over the past few months. The new manager seems to be getting hold of things; communication with me has improved compared to earlier in the year."
- People and their relatives were consulted about the service and their feedback was acted upon. People's views were sought at a weekly house meeting which informed menu and activity planning for the following week. A relative said, "In August we brought up a number of things; they have all been dealt with."
- Four out of 5 people's relatives told us they wanted people to be able to go out more. We saw capacity to support this was being addressed through staff recruitment, ensuring 1 person had a suitable wheelchair, activity planning and personal goal setting. One person had been on a short break, their relative said, "He has to have 2 carers, one dropped out close to it, so the manager stepped in. They were determined to make sure he didn't miss out." During the inspection, people had opportunities to go out in the evening to pub bingo, go to the cinema and go Christmas shopping.