

Voyage 1 Limited

Abbotts Road

Inspection report

31 Abbotts Road
Erdington
Birmingham
West Midlands
B24 8HE

Tel: 01213820217
Website: www.voyagecare.com

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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

Abbotts Road is a residential care home providing personal to people with learning disabilities and/or autism. The service can provide support for up to four people. At the time of the inspection there were three people living in the home. Each person had their own bedroom on the first floor and all people enjoy shared use of the communal areas of the home and garden.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them. The home is located on a small residential road near to local shops and cannot be identified from outside as a care home.

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

People who used the service could not talk to us about their experience of living at the service and being cared for by staff. However, we spent time with them observing how staff supported them. We noted the relationships and interactions between staff and people living in the home were positive and relaxed. People were at ease in the company of staff.

We saw there were enough skilled staff on duty to meet people's needs and provide them with support and attention they required to safely engage in activities known to be of interest to them. Some people liked to engage in light household tasks with staff support and supervision. People were supported to use community facilities and the transport provided in the home was well used to ensure everyone could participate and make use of community facilities and visit places of interest. Risks were well known by staff and safely managed. People received the medication and support they needed to keep them safe.

A varied and balanced diet was always provided for people in line with their preferences and dietary needs. Staff were well trained and knowledgeable about how people needed to be supported to keep well and to enjoy a good quality of life.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance to deliver good outcomes for people. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes which include control, choice and independence. The support focussed on people having as many opportunities as possible for them to gain new skills and become more independent in line with their plans.

The registered manager and staff ensured people's individual care and support needs were met. Reviews were regularly undertaken to help ensure positive outcomes could be provided for people. Regular contact with healthcare providers was maintained by staff in the home so the health and support needs of people could be monitored and acted upon as necessary.

Relatives of people expressed confidence in the registered manager and staff, they said they were well informed and updated by the home about all aspects of the care provided. Relationships between the registered manager and staff were positive and all said communication in the home was good with information about people shared in a timely manner. Regular audits and checks were conducted by the provider to maintain and check on the quality of the service provided.

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

Rating at last inspection

The last rating for this service was Good (with the report published August 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 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.

Abbotts 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 was carried out by one inspector.

Service and service type

Abbotts 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 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

This inspection was unannounced.

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. 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 took this into account when we inspected the service and made the judgements in this report. We used all information we had to plan our inspection.

During the inspection

We spoke with all three of the people during the inspection however the people who used the service could

not talk to us about their experience of living at the service and being cared for by staff. We spent time with them as they engaged in their daily activities and used observation to help us understand their experience of being cared for.

We spoke with three members of staff including the registered manager during the inspection visit. After the visit we spoke on the telephone with two relatives of people about their experience of the care that was provided.

We reviewed some of the records maintained in the home including records of care planning, risk management, specific support needs and medication administration. We look at one set of staff recruitment records and at the training records for the whole staff team. We also looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At 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 were clear about actions and processes they would follow to report any concerns, and knew about action they should take in the event of any safeguarding issues.
- One relative said, "We are very happy that [name] is there as they are safe and well looked after by the staff."

Assessing risk, safety monitoring and management

- People were always supported to keep safe by staff who demonstrated good knowledge about each person and known risks. People had risk assessments in place for everyday situations and for activities of interest to some people.
- Staff were consistent in how they safely supported and encouraged people to engage in activities of daily living or leisure activities.
- People were encouraged and reassured as needed to follow agreed methods to keep them safe. One relative said, "The staff know how to calm [name] when they are agitated. They recognise that their routine is very important."
- A staff member advised how they ensured people were involved in the regular fire drills in the home and commented, "We involve the people every time and update the personal plan as needed. People change how they react and we must be aware of this."

Staffing and recruitment

- There were always adequate numbers of staff on duty to ensure people were supported in all activities of daily living. People were supported by staff to engage in whatever activities or plans they had in place.
- Full checks were undertaken on staff before they started work in the home to make sure they were suitable to work with people using the service.

Using medicines safely

- We saw the prescribed medication was safely administered to people by staff who followed clear routines and procedures. Staff had received comprehensive training in medication administration.
- Records detailing medication administration were clear and up to date. Relatives said, "The medication management is good."
- Medication was safely and securely stored within locked medication cabinets in each person's room.

Preventing and controlling infection

- The home was clean and tidy throughout with clear evidence that cleaning, and household routines were

followed to maintain the premises.

- Staff undertook cleaning and all household duties with some people assisting with tasks in line with their individual abilities and plans.

Learning lessons when things go wrong

- The registered manager reviewed and followed up on any incidents or occurrences in the home to check appropriate action was taken.
- There were established processes in place to report any incidents to the provider representative for reviewing and learning purposes.

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

- People's care and support needs were regularly reviewed and reassessed. People living in the home had been there for some time. We were advised that prior to any new person moving into the home they would have a full assessment of support needs carried, which would include an introductory visit to meet with the other people who live in the home. All the information would then be used to inform an individual care plan.
- One staff member advised that changes to care plans or ways of supporting were shared at handovers as well as through records."

Staff support: induction, training, skills and experience

- We saw there were clear records detailing training that had been provided for staff alongside detail of training due to be provided. The training provided was comprehensive and included training on the specific needs of people using the service.
- Staff spoke positively about the training, one staff member commented about the refresher training, "There's always something to be learned and even when its not new things the refresher training does just that [provides a refresh]."
- Staff had worked in the home for a number of years which provided good continuity of care for people and meant that new staff were not employed often in the home. We saw staff recruitment and induction procedures were in place which were comprehensive.

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

- People received a varied and balanced diet which met their needs and preferences. We saw the food served was appetising with alternatives available should people not want what had been planned. Drinks were offered and made available throughout the day and people had access to the kitchen as they needed.
- We saw people who had specific dietary needs were well supported when the consistency of their food needed to be altered. Staff knew people who were at nutritional risk of not eating or drinking enough and steps were taken to encourage people to eat and drink well to maintain good health.
- Staff consulted with and acted on the advice of specialist healthcare professionals on issues related to nutritional needs. One relative commented, "Food wise its very good, they know [name] needs a soft diet and ensure they receive this."

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

- Relatives spoke positively about the action taken by staff to address the healthcare needs of people using the service. One relative commented, "[Name] had some healthcare issues which were sorted, and decisions

were made in their best interest." Another relative said, "[name] needed dental treatment and the staff ensured that a best interests meeting was held to decide on treatment they had."

- Each person had information on file about their health alongside their care and support needs which was ready for use at any time. Referred to as a 'hospital passport' the registered manager advised they were reviewed and updated as any changes occurred to ensure they were always accurate.

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

- The home is located on a small residential road near to local shops and cannot be identified from outside as a care home.
- People had easy access to the large kitchen / dining room which was staffed whilst cooking and food preparation was underway.
- We saw people freely moved around the home in communal areas, encountering no hazards in any part of the home. All bedrooms were located on the first floor and people living in the home were at ease using the stairs between the floors. People were able to easily access their bedrooms when they wished. Bedrooms could be locked, but we saw that people chose to leave their doors closed but unlocked.
- Each bedroom was personalised to suit each person, and all were well maintained. One relative said, "The bedroom is always clean, we visit unannounced and nothing is staged."
- Suitable bathing and toilet facilities were conveniently located near to the bedrooms and afforded privacy to people when they were being used.

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.

- We saw that each person had a legal authorisation in place. Where people did not have the capacity to make some decisions, the registered manager and staff had held meetings to ensure decisions were taken mindful of people's best interests. We saw that where necessary decision making meetings had involved healthcare professionals and family to help determine what actions should or should not be taken.
- Staff demonstrated a good working knowledge of the importance of keeping people safe whilst ensuring their right to make choices was respected. People were asked for their consent in all aspects of their daily lives.

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

- We saw people were encouraged and supported by staff to engage in activities that suited them. Staff knew each person's preferences and we saw they were consistent in how they provided the support which was needed.
- Interactions and conversations between staff and people were seen to be friendly and calm. Staff encouraged people to participate in activities which they knew were favoured by individuals, but respected people's wishes when they declined to be involved or wanted to do something else. One person was engaged in washing and drying after the evening meal which they enjoyed doing alongside staff.
- People exercised choice in how they dressed, and the individual preferences and styles were known by staff. One relative said, "They know [name] well and are aware that they like to choose clothes from a catalogue. [Name] always has good shoes which they need."
- Staff ensured that people were supported to celebrate a variety of social and religious events of importance to them.

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

- People were encouraged and supported to be involved in making decisions about all aspects of their lives. When necessary, meetings were held to support decision making that was in the person's best interests.
- The décor and furnishings in the home were clean and homely. The home had recently been redecorated in communal areas and we were advised that the absence of pictures and posters in communal areas would be addressed as people once again were involved in choosing what would be displayed.
- Each person had their own bedroom and we saw people had been supported to personalise their own rooms. One relative commented, "We were able to choose things in the bedroom along with [name] so that it is nice for them."
- We saw that staff were consistent in how they supported people. One person repeatedly asked questions and was responded to by staff in a consistent manner in line with their care plan to help alleviate and reduce their anxieties.

Respecting and promoting people's privacy, dignity and independence

- We saw staff supported people in ways which respected people's privacy and dignity. We saw that discreet support was provided when one person needed to be prompted to change their clothes.
- We saw people were consulted with and involved in choosing what they wanted to do during the day of the inspection visit. People enjoyed going out together in the transport provided and went out for lunch which was a regular event in the home.

- Staff advised that on occasions people demonstrated behaviour that was challenging when they no longer wanted to be involved in activities. They described how such situations were managed to ensure that people were supported in a way that maintained their dignity discreetly without drawing attention of others.
- A relative said, "We are reassured; we know [name] is are being well looked after." Another relative said, "[Name] is treated like an independent adult; they have become better at looking after themselves."

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 personalised care and support plan which reflected their preferences and dislikes. The plan included details of preferred activities throughout the week, many of which were held outside the home.
- Care and support was provided by staff who knew everyone well. For example, one person liked to engage in building with plastic construction blocks staff and clearly liked it that staff responded to their achievements with humour and lots of smiles.
- We saw some people were assisted and supported to undertake activities of daily living such as doing their own laundry and were supported in these tasks by staff.
- Each person had a personalised plan of care that included preferred activities throughout the week, many of which were held outside the home.

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.

- Due to redecoration that had been completed shortly before the inspection visit we were advised that some display boards as well as pictures and signs were not on display. They were due to be reattached around the home in consultation with people. Information about the rating of the home was displayed in the front entrance of the home.
- We saw that work had commenced on compiling individual journals for people which would contain photos and mementoes from activities they had been involved in. The registered manager advised that it was their intention that these would help people to better participate in their reviews to look back on and recall events they had been involved in.
- People had allocated individual keyworkers amongst the staff group who ensured people's varied communication methods were known and utilised to help them express their views. The preferred methods of communication were well known by staff and recorded in the care plans.
- Staff were knowledgeable about signs or behaviour which indicated or suggested people might be unwell or unhappy in some way. Staff were confident about how they would share any such concerns with other staff and senior staff in the home. Staff were confident that any issues raised would be addressed by the registered manager.

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 consulted with each week about activities they wanted to engage in so staff could plan and support people as they wished.
- One relative spoke well about the daily life in the home and the care provided by staff. All relatives spoke positively about being made welcome when they visited the home and referred to communication about the persons health or support needs being very good. One relative said, "Concerns are always addressed; and they let me know about what they have been involved in."
- People had opportunities to join up with others for social events and activities at day activity clubs they attended a couple of times a week. Other people attending were known by the people using the service.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place to deal with any complaints received.
- Staff referred to knowing people well and feeling that they pick up on signs and symptoms if people are unhappy or unsettled in any way. Staff went on to outline action they would take to advocate on behalf of people and raise complaints themselves if they had any concerns.
- Relatives were very clear about knowing what to do if they did have a complaint and expressed confidence complaints would be responded to fully. One relative said, "We have called the home when we have a concern. All staff respond well, and the manager or senior care always contact us afterwards." Another relative said, "We are very, very happy with the home."

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- Steps had been taken to consult with families about any known wishes. The registered manager advised the variation in detail between some end of life plans was dependant upon how much information families had shared.

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

- People were supported by a staff who took interest in and promoted opportunities for people to enjoy all aspects of their life.
- Staff commented positively on the support they received from the registered manager. One staff member said, "Staff morale is good. We are listened to and our opinions are requested."
- Relatives were positive about the support provided to people living in the home. One relative said, "It's very good for [name]." Another staff member said, "I enjoy working here, it's very much the people's home."
- Staff advised that the registered manager provided feedback when compliments were received, which they felt helped the team moral and working relationships.

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

- People were supported by a service that was well run and open to admitting if things had gone wrong. The registered manager referred to the provider having clear processes in place to share information with relatives and others should any incidents occur.
- The registered manager was keen to share information about what the service did well and demonstrated an open approach to continually improving all aspects of the service. For example, they spoke of the providers registered managers meetings and described how they had contributed to and learnt from colleagues when they had shared good practice information that could improve the care and support provided for people in the home.

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

- The registered manager advised they received good support from the provider and had regular contact with other registered managers through formal meetings and telephone contact.
- The registered manager had started to deliver on planned improvements that had been advised to CQC when they submitted the Provider Information Return (PIR) two months prior to the inspection, demonstrating that the plans were realistic and that they did deliver improvements.
- Staff were clear about their roles and responsibilities and understood the importance of raising issues if necessary, to improve any aspect of the support provided to people in the home. Staff knew there was a policy and details in place related to raising concerns.
- Staff described how they would raise any issue of concern direct with the manager or the provider if

needed, and knew of external agencies they could contact if there was no response to their concerns..

- The results from regular provider audits and registered manager audits were utilised in the home to help identify if there were aspects of care and support which could be improved.

Continuous learning and improving care

- Prior to the inspection the provider had advised through the PIR about improvements that had been made to improve aspects of the care provided. That they had introduced a specific person centred process for providing long term support for people in the service. The process, referred to as Positive Behavioural Support (PBS), is based on inclusion, choice, and equality of opportunity. This style of support was being provided for people in the home and staff were helping people be calm and experience reduced anxiety which had a positive impact on their well being.

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

- Annual service reviews were undertaken by the provider with questionnaires circulated to all advocates, families and professionals involved with people who use the service. Responses from the reviews are collated and action taken in response to any issues raised. The registered manager advised that they were keen to improve on the ways and formats in which the results from the reviews were shared and made known to all who had responded.
- The provider advised in the PIR that they had introduced a monthly keyworker checklist to ensure keyworkers were checking, updating and auditing all end of month paperwork including care plans, activity records and health care information. The care records for each person were orderly and structured; information was easy to retrieve for use with people at their regular reviews and care planning meetings.
- Staff and people who used the service had been involved in the provider led 'Growing Together' events where different activities are available to try out and test that might be of interest to people. The registered manager advised that whilst no new activities had been introduced since the last event they anticipated that information would be shared by the provider during the month after the inspection visit.
- Inspection findings were on display in the home and relatives advised they had been informed about the inspection findings after the last inspection.
- Relatives of people using the service expressed confidence in the ability of the registered manager and one relative said, "The manager is good, and we know the home is good because [name] is always happy when we bring them back after we have been out."
- Prior to the inspection the provider had advised through the PIR that their communication guidelines directed staff to make sure everyone's communication needs were recorded in their support plans. All information was available for people in easy read picture formats in records. Information presented in this way ensured that people could engage and be involved in all aspects of the home.

Working in partnership with others

- The registered manager and staff said they had a good working relationship with healthcare professionals and other agencies who were involved in supporting people.