

Voyage 1 Limited

514 Arnold Road

Inspection report

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Ratings

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

Summary of findings

Overall summary

514 Arnold Road is a purpose built care home and provides accommodation for up to 10 young adults with learning disability and additional physical needs. On the day of our inspection 10 people were using the service.

At the last inspection, in December 2015, the service was rated 'Good'. At this inspection we found that the service remained 'Good'.

People continued to receive safe care. Staff had received appropriate adult safeguarding training and were aware of their role and responsibilities to protect people from avoidable harm. Risks associated with people's individual needs, including the environment and premises had been assessed and plans were in place to mitigate any risks. Procedures were in place to report any accidents and incidents and these were investigated and acted upon appropriately.

Staff underwent appropriate recruitment checks before they commenced their employment. Staffing levels were flexible and regularly reviewed to ensure they met people's individual needs. People were supported to receive their prescribed medicines safely.

People continued to receive effective care and support. Staff received an appropriate induction, ongoing training and opportunities to discuss and review their work, development and training needs.

The principles of The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied where required. People were supported with any dietary and nutritional needs and meal preferences were known and respected. People were supported appropriately with their health care needs and the staff worked well with external healthcare professionals following any guidance and recommendations made.

People continued to receive good care. People had developed positive relationships with staff who understood their individual routines and preferences, and knew what was important to them. Staff were caring and treated people with respect, kindness and dignity. Staff supported people to maximise their independence. People had access to information about independent advocacy services and had received support to access these when required. People were involved in discussions and decisions as fully as possible about how they received their care and support.

People continued to receive a service that was responsive to their individual needs. Staff had information available to support them to provide an individualised service based on people's needs, preferences and routines as well as anything else that was important to them. The provider's complaints policy and procedure had been made available for people.

The service continued to be well-led. People, relatives and external health and social care professionals were positive that the leadership of the service was good. Communication was open and transparent.

The provider had effective arrangements for monitoring and assessing the quality and safety of care and support people experienced. The provider had quality assurance processes in place that encouraged people to give feedback about the service.

Further information is in the detailed findings below.

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: Good

Is the service effective?

Good ●

The service remains: Good

Is the service caring?

Good ●

The service remains: Good

Is the service responsive?

Good ●

The service remains: Good

Is the service well-led?

Good ●

The service remains: Good

514 Arnold 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 checked 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 was a comprehensive inspection that took place on 7 June 2017 and was unannounced. The inspection team consisted of one 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 service. Our expert had experience of supporting and caring for people who lived with learning disabilities.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection visit we spoke with four people who used the service. Due to people's communication needs their feedback about all aspects of the service was limited in parts. We used observation to help us understand people's experience of the care and support they received. We spoke with one visiting relative during the visit and then a further seven relatives by telephone for their feedback about the service their family member received.

We spoke with the registered manager, deputy manager, an acting senior support worker, a support worker and bank support worker (this is a member of staff employed by the provider who works at the service as and when required to cover staff shortfalls). We looked at records relating to four people living at the service. We looked at other information related to the running of and the quality of the service. This included the management of medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People received safe care and support. People told us that they felt staff supported them to remain safe and this was confirmed by relatives. One relative told us, "[Name of family member] has been entirely safe since being here."

Staff knew how to protect people from avoidable harm because they had received appropriate safeguarding training and had policies and procedures to support them. This information provided clear guidance of the action staff were required to take if safeguarding concerns were identified. One staff member said, "We have safeguarding training and information to tell us what action to take, including a whistleblowing procedure, I would voice any concerns that's what we are here for." A 'whistleblower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Staff told us that they had sufficient information about any risks associated with people's health and well-being and that people were not unduly restricted. This was confirmed by people who used the service and relatives. One staff member said, "We are aware of any risks and hazards that may put people at risk. Due to people's specific needs they have equipment to keep them safe and we check these are working and are safe to use." Care records confirmed people's needs had been risk assessed and plans were in place to support staff on how to manage any known risks. Some people had risks associated with their skin and we found they had appropriate pressure relieving mattresses and cushions available and in use. The environment, premises and equipment were regularly checked for safety.

People told us they were confident there were sufficient staff available. One person told us, "Sometimes (referring to having to wait for assistance). Can be short staffed, nine times out of ten its okay. (It's the) Way of life, you have to wait for things." One relative said, "Yes, there are enough staff but I would like more staff that could drive."

Staff records confirmed people were supported appropriately by sufficient skilled and experienced staff. Staff told us that they had no concerns about the staffing levels and that people received the support they had been assessed to require. The staff roster confirmed to us there were sufficient staff employed and deployed appropriately. Records also confirmed the provider had effective recruitment procedures. These helped the provider in making safer recruitment decisions.

People received their prescribed medicines safely. Two people told us they received their medicines on time. Relatives were confident that their family member received their medicines safely. Records confirmed staff had received appropriate training in medicines management, checks and systems were in place for the ordering, storage and administration of medicines and these followed best practice guidance.

Is the service effective?

Our findings

People were supported by staff that had the right skills and knowledge to meet their needs. People were positive about the staff who supported them. Relatives were complimentary about the approach of staff and confident they were suitably trained. One relative said, "I think it says something about the whole ethos. The ambience and approach of staff has remained entirely consistent throughout [name of family member]'s time here."

Staff were confident with the induction, ongoing training and support they received. One staff member said, "We do lots of training, both eLearning and face to face. The deputy or manager oversees when refresher training is due and supports us to complete it."

We found staff had received relevant training for the needs of the people they supported, this included learning disability and autism awareness, communication, epilepsy, non-crisis intervention and pressure care management. Staff also received an appropriate induction when they commenced and regular formal and informal opportunities to discuss and review their work, training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a good understanding of the MCA and what their role and responsibilities were to protect people's rights. Where people had been identified as lacking mental capacity to consent to a specific decision, consideration had been given as to how staff needed to communicate with the person. For example, this included what the best way was to present choices to help the person understand, and when the best time was for doing this. This told us that good practice was used to support people to be fully consulted in decisions about their care.

The registered manager had made applications for DoLS where appropriate and some of these had been approved. One person's care records described that conditions had been made when granting the approval but we found these had not been fully complied with. We discussed this with the registered who took immediate action to address this.

People spoke positively about the choice of meals they received. One person told us, "I eat when I want, have a snack anytime. (The) Menu changes weekly, we get choices." A relative said the food, "Seems marvellous, quality home cooked food and takeaways."

Staff told us and records confirmed that people were involved in the weekly planning of meals. A visual weekly menu was available that reflected people's preferences and was well balanced. Food was stored appropriately.

People's health needs were assessed and planned for. People told us that staff supported them to attend health appointments. Relatives were positive that their family member's health needs were met.

Records confirmed people's health needs were known and regularly reviewed. Staff supported them to access primary and specialist healthcare services when required. We saw examples where external health care professionals had been involved in people's care and staff had implemented recommendations that were made.

Is the service caring?

Our findings

People told us that they were happy living at the service and that staff were kind and caring. One person said about the staff, "They care a lot, good sense of humour, have a laugh with them." A relative told us, "Yes, staff all look after [name of family member] very well. Who is always clean and tidy. Just wonderful, treat them as one of their own."

Staff were very knowledgeable about people's needs, preferences, routines and what was important to them. From observations of staff engagement with people it was clear positive relationships had developed. The interactions we saw between staff and people were characterised by much shared humour and warmth.

Staff did things to show that they valued and respected people. For example, staff had helped people personalise their bedrooms to their individual taste and reflected their particular interests, hobbies and what was important to them.

Relatives were positive that their family member's independence was prompted as fully as possible. One relative told us, "Yes, independence is promoted; they've come on significantly since coming here." Another relative said, "[Name of family member] has a perfectly ordinary and fulfilled life. They are very relaxed. A good quality of life." We saw how people were supported with choice making and having independence. For example, people were actively encouraged to choose their breakfast and were given choices of drinks that staff respected and responded to.

We observed some people required assistance from staff with their eating and drinking. We found staff were kind and caring, unhurried and patient, explaining what the food was and encouraging the person to eat.

People had access to information about independent advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. One person told us how they had been supported to access an independent advocate.

Some people did not use verbal communication to express themselves. Staff demonstrated a good understanding of what people's communication preferences were. One person used assisted technology to communicate their needs which staff were able to tell us about. We observed staff used effective communication and listening skills. Staff responded and interpreted people's communication very well, clearly showing they had a good understanding of them.

People told us they were involved in opportunities to discuss how they received their care and support. One person said, "Yes I'm involved, staff know what I like and don't like. I don't have a copy of my support plan but I can go and get it to look at it." A new pictorial support plan was being implemented to provide people with further support to be actively involved in their care.

People were treated with respect and dignity by staff. One person said, "Yes staff treat me with respect." A relative said about dignity and respect, "It seems to be built into [name of family member]'s support plan."

Is the service responsive?

Our findings

People told us how they liked to spend their time and what was important to them such as their interests and hobbies. One person said, "I can choose what I want to do." The person told us they went to a day centre, were learning to cook and enjoyed swimming. They used social media liked to watching television, going shopping and listening to music. They also told us that they were, "Going to Splendour music festival and wrestling live in November." They also said they liked to stay in sometimes as well."

Some people told us that they attended a community day group and on the day of our inspection visit three people were attending this activity. People told us they were supported to go on an annual holiday each year. One person said they were, "Going to Filey in October, I look forward to it because it's planned out. Last three years it was Blackpool."

People had access to an activity room that provided a variety of activities such as a playing a keyboard, watching television, using a computer, doing puzzles and playing games as well as using colouring and art materials. People also had access to a sensory room with different equipment to relax and stimulate their senses. A jacuzzi bath was also available that staff said people enjoyed.

The registered manager told us that people had activity timetables that were based on their choices and reflected their interests and hobbies. They added that if people wanted a different activity this was arranged. On the day of our inspection visit seven people remained at the service. We were aware that one person's activity timetable stated they were due to attend the local library. The deputy manager said this person enjoyed this activity. However this person was not seen to be offered this opportunity and did not attend this activity but it was not known why not.

While talking with another person they said, "I think we're going out, don't know what's happening." When asked, staff explained they were going to a shopping centre. This person told us, "I might be able to buy something for my flat, like an ornament." When they returned we asked them if they had bought anything, they explained they had only been in a restaurant. We had some concerns that the activity provided was not people's preferred choice. We discussed this with the registered manager who said they would discuss this with the staff team.

One person told us that activities were more limited at a weekend. This person said, "On a Sunday I'm stuck in. No minibus, no driver. Not many drivers at all." The lack of drivers was also a comment made by a relative. The registered manager said it was a challenge to provide staff on each shift that were drivers.

People told us their daily routines were respected by staff such as the times they went to bed and got up. One person said, "Normally I go to bed between 10 and 11pm then stay awake until 3am. I choose sometimes to get up midday."

People's care records confirmed their support needs had been assessed and planned for and where possible, they, or their representative, had been involved in the assessment and review process. People's

support plans were person centred because they contained information about their life history, who and what mattered to them and their hobbies, interests and routines. We found support plans had been regularly reviewed to ensure staff had up to date information.

People had access to the provider's complaint policy and this was provided in an easy read style to support their communication method. People told us that if they had any concerns they would raise them with staff and the registered manager.

Is the service well-led?

Our findings

The service had a registered manager. 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.

People were positive about the service they received. One person said, "it's like a home, everyone's part of a family. If I have a problem anytime I can speak with the manager." Relatives told us that they had a good relationship with the registered manager and that they felt they could make suggestions. One relative said, "Yes, they take my suggestions on board, see what they can do." Another relative told us, "It feels like an equal partnership."

People and relatives said they received opportunities to share their views. They said this was done by attending review meetings and completing feedback questionnaires.

There was a compliments book in the entrance hall. Two entries had been made during 2017. One person's relative recorded, "Gratitude for not only supporting my [family member], but me also. I feel at home here." A visiting healthcare professional had written, "Always a positive experience when visiting here. Staff appear keen, enthusiastic and caring. Always very helpful."

Staff spoke very positively about their job, clearly showing respect for the people in their care. Staff were positive about the support the registered manager provided and felt involved in the development of the service. There were regular staff meetings and records showed that the staff team worked well together, and were clear about their role and responsibilities.

The provider had robust systems and processes in place that continually checked on quality and safety. We found these had been completed in areas such as health and safety, medicines, accidents and support plans to ensure that the service complied with legislative requirements and promoted best practice. The registered manager was required to submit regular audits to senior managers within the organisation, this was to enable them to have continuous overview of how the service was managing and improving the quality and safety. Additionally, internal checks and audits were completed by visiting senior managers and the internal quality assurance team. This told us that the provider had systematic procedures in place that demonstrated the service was continually driving forward improvements to the service people received.