Voyage 1 Limited

24 St Marks Road

Inspection report

24 St Marks Road
Chaddesden
Derby,
DE21 6AH
Tel: 01332294466
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

Overall summary

This inspection took place on 3 November 2015 and was unannounced.

24 St Marks Road provides accommodation and personal care for up to eight adults. People living at the home have a range of needs including learning and physical disabilities, autism, acquired brain injuries, and associated complex healthcare needs. It is situated in Chaddesden close to Derby city centre. The home has eight ground floor bedrooms, all with ensuite facilities and ceiling hoists. The home has a sensory room, hydro bath, shower room with a shower trolley, a large lounge, a kitchen, and a dining room. The home also has a secluded garden. All areas of the home and garden are wheelchair-accessible.

The home has a registered manager. This 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.

Summary of findings

People were valued at the service and the staff enjoyed their company and took pride in their achievements. The atmosphere was lively and people were supported to be independent, have fun socialising and take part in activities.

The pleasant environment contributed to people's well-being. The interior of the home was spacious, uncluttered and clean. Some people preferred to get around without aids and adaptations at times and the smooth warm floor made it easy for them to do this.

People were safe in the home. Staff members knew people well and understood what signs to look out for if someone was unhappy or distressed. There were enough staff on duty in the home to meet people's needs. Staff had the time to provide both one-to-one and group support for people.

Some people had complex healthcare needs so staff worked closely with a range of healthcare professionals including GPs, district nurses, physiotherapists, and learning disability experts. Staff advocated for people to ensure their healthcare needs were met.

The staff were caring and kind and wanted to make a positive difference to the lives of the people they supported. During our inspection we witnessed some excellent interactions between staff and the people using the service and saw they enjoyed each other's company and got on well together.

Staff were innovative in the way they supported people. For example, they used music and song to encourage people to accept personal care and keep themselves healthy. They also supported people to take part in a range of mainly one to one activities including cinema, shopping, and cycling (using adapted bicycles). We observed four people taking part in a craft activity and saw they enjoyed this.

The registered manager provided inspirational leadership to the staff team and was dedicated to ensuring the people using the service had a good quality of life. All areas of the service were quality assured with relatives and people using the service contributing to this process.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People using the service were safe in the home and staff knew how to protect them from abuse.

There were enough staff on duty to meet people's needs and support them to do activities.

People had risk assessments in place and staff knew what to do to minimise risk.

People were supported to take their medicines safely with appropriate records kept.

Good

Is the service effective?
The service was effective.

Staff had the training they needed to provide effective care and support.

Consent to care and treatment was sought in line with legislation and guidance.

People had a choice at mealtimes and were supported to eat healthily.

Staff understood people's health care needs and advocated for them to ensure they received the medical assistance they needed.

Good

Is the service caring?
The service was caring.

The staff were caring and kind and got on well with the people using the service.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect and protected their privacy.

Good

Is the service responsive?
The service was responsive.

People received personalised care that met their needs.

People has access to a range of group and one to one activities.

There was a clear complaints procedure if people needed to use it.

Good

Is the service well-led?
The service was well led.

People using the service were central to how the home was run.

The registered manager and staff were dedicated to ensuring the people using the service had a good quality of life.

Audits were carried out to check on the quality of the service.

Good

24 St Marks 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 inspection took place on 3 November 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the 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.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. Due to communication difficulties the people using the service were unable to share their views verbally with us, so we spent time with six of them and observed them being supported in communal areas and at lunch time. We also spoke with two relatives, the registered manager, deputy manager, operations manager, and five care workers.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

Good

Is the service safe?

Our findings

People using the service were safe in the home. A relative told us, "Our [family member] is safe here. It's knowing the staff that makes us feel that. We trust them." The relative explained that in their view having an established staff team at the home protected people. This was because staff knew the people using the service well and could spot changes in behaviour that might indicate abuse had taken place.

Staff members were able to tell us how they would know if one of the people using the service were being abused. One staff member told us, "We know them so we would look out for changes in their behaviour. For example [person's name] might cry and become less outgoing." Another staff member said, "All the people here communicate with us in their own way. They would soon let us know if something was wrong and then we would look into what might have happened."

People had personalised care plans in place to inform staff what might make them anxious or upset and how this might show in their demeanour and behaviour. For example, under 'Things that make me frightened' one person's care plan stated 'being alone when [person's name] wants company' and 'new people who don't understand her communication'. Having this information would help to ensure that staff could protect people from situations they might find harmful.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew who to report any concerns about abuse to. The manager told us they had recently done a written test on safeguarding to demonstrate their competence in this area. The registered manager said safeguarding was discussed at staff meetings and on an everyday basis to continually raise awareness amongst the staff team.

The provider's policy on safeguarding was clear and told staff who to contact if they had concerns about the welfare of any of the people using the service. The home also had pictorial 'Say no to abuse' leaflets which could be used with some people using the service, depending on their communication needs, to support them to understand what abuse was.

Areas where people using the service might be at risk were identified in care records. This meant staff had the information they needed to keep people safe. Risk assessments covered areas such as moving and handling, nutrition, and medical conditions such as epilepsy. They explained how staff could minimise risk, for example by using aids and adaptations and following advice from health care professionals.

The care workers we spoke with told us they followed the home's risk assessments. They were able to tell us which people using the service were at risk and what from. For example, one person needed the support of two staff when they went out. Staff understood why this was and were able to explain the reasons to us.

Risk assessments were personalised and showed that people using the service and relatives had been involved in decisions about managing risk where possible. Records showed that risk assessments were updated regularly and when changes occurred.

The environment contributed to people's safety. The interior of the home was spacious, uncluttered and clean. This made it particularly accessible to people with limited mobility, so of whom used aids and adaptations to get around. Underfloor heating meant people who wanted to could use the floor space for activities. Some people preferred to get around without aids and adaptations at times and the smooth warm floor made it easy for them to do this. This gave them the freedom to move around safely.

There were enough staff on duty in the home to meet people's needs. Records showed that on weekdays there were five (mornings) and four (afternoons) care workers on duty and three waking care workers at night. Additional support was provided by the registered manager and the deputy manager as necessary. The registered manager told us that at weekends daytime staffing levels were reduced to four care workers as people did not have health appointments to go to so fewer staff were needed.

During our inspection we observed staff had time to provide both one-to-one and group support for people. At different times of the day people using the service needed different levels of staff support. For example, one person occupied themselves for part of the morning with an activity, but in the afternoon required intensive one-to-one support during an exercise session. Two people needed almost continual staff support for health and safety

Good

Is the service safe?

reasons. Another person required support intermittently depending on how they were feeling. We found staff managed their time well and no-one was kept waiting for support if they needed it.

Where necessary the registered manager and deputy provided extra support. For example, during lunch two staff were called away to support someone not in the dining room. When this happened the registered manager came in to help with the meal until the staff returned. This meant people were continually supported at lunchtime.

Records showed that people using the service were often out and about in the local community and attending health appointments. Staff accompanied them as necessary either or on a one-to-one or a two-to-one basis depending on safety considerations. Staffing levels at the home meant people had the support they needed at all times and both in and out of the home.

People received their medicines safely, when they needed them. We saw medicines were given to people directly from the medicines room and people were provided with appropriate drinks or soft foods to make it easier for them to take their medicines. These were described in their care plans so staff knew how to give people their medicines in the most palatable way.

Medicines were stored safely. Medicines Administration Records (MARs) had been correctly completed. Regular medicines audits were carried out. All staff who dispensed medicines had been appropriately trained. There were protocols in place if people refused their medicines and records showed these were followed.

Good

Is the service effective?

Our findings

Staff had the training and support they needed to enable them to provide effective care to the people using the service. They had general training in care provision which included courses in personalised care, health and safety, and manual handling, They also had the specialist skills necessary to provide more complex support where necessary, for example in relation to behaviour that challenges us, and in following instructions from health care professionals in providing particular types of support.

The training matrix confirmed staff had completed training in a range of courses relevant to their role. The home had recently introduced the Care Certificate for new staff. This is a national qualification for people who work in care. It covers both general and specific areas of care and support including working with people with learning disabilities. Staff told us the registered manager encouraged them to train and to develop new skills. One care worker said of the Care Certificate, "It's good – I'm learning a lot from it to help me with my job here."

The registered manager said staff training and support was central to providing a quality service. She told us, "We don't want anyone here to get complacent in their role. We have a good training package from the provider but we also do our own in-house training exercises in staff meetings to keep staff thinking about what they are doing." She told us that at a recent meeting each staff member had been given a symbol of an emotion which they then had to express this without the use of speech. The registered manager said this helped staff to empathise with the people they supported, some of whom were unable to verbally communicate their emotions.

The home had a monthly staff award to recognise good working practice. Relatives, visitors, management and staff were invited to nominate a staff member each month who had made a significant contribution to the home. This helped staff to feel valued and appreciated for the work they did.

The service was proactive in supporting people to maintain their freedom using the least restrictive methods. Records showed staff completed mental capacity assessments when supporting people to make decisions around safety. This helped to ensure decisions were made in people's best interests.

We saw that Deprivation of Liberty Safeguards (DoLS) assessments and referrals had been made for all the people using the service as they required continual supervision at times. When authorised by the DoLS team assessments were kept on file for reference and kept under review. This helped to ensure that decisions made were safe and the least restrictive as possible.

We spent time with the people using the service and staff while lunch was being prepared. We saw that one person sat in the kitchen with the staff member who was cooking. We saw they sat in a safe place while doing this away from any hazards. The staff member told us, "[Person's name] loves to watch us cook and sometimes likes to help. He's always welcome in the kitchen provided there is a member of staff there to support him." This involvement in food preparation contributed to the homely atmosphere.

When lunch was served all the people using the service were invited to come to the dining table but one person decided not to and had their meal in the lounge. Staff sat with people while they ate and talked with them making the meal a sociable occasion. People who needed assistance to eat received this while others ate independently.

We saw that people were served their food in a way that suited them and was safe. For example two people had blended meals and one, who was on a restricted diet, had different ingredients because of this. A staff member said, "[Person's name] has the same meals as everyone else but we make them differently to meet his needs." Menus showed the home provided a varied diet and people had choice at every meal.

One person needed particular assistance with their nutrition and staff provided this, following detailed care plans devised in conjunction with healthcare professionals. Records showed staff had had specific training in order to do this and sought expert advice where necessary if there were any issues with the person in regards to their nutrition.

Each person using the service had a personalised 'Health Book' which provided detailed information to staff of how to meet their healthcare needs. Some people had complex healthcare needs so staff worked closely with a range of healthcare professionals including GPs, DNs,

Good

Is the service effective?

physiotherapists, and learning disability experts. Any appointments people had were recorded in detail so it was clear what had happened and if care plans had to be updated as a result.

We saw that staff advocated for people to ensure their healthcare needs were met. For example, one person had had antibiotics for an infection and staff saw these hadn't worked as the person was using body language to show signs of discomfort. Staff immediately arranged for them to return to the healthcare practitioner to undergo further investigation.

Good

Is the service caring?

Our findings

Relatives told us the staff were caring and kind. One relative said, "We've really been impressed with the staff dedication, they go the extra mile, it's not just a job for them." All the staff we met were positive about their role in the home and wanted to make a difference to the lives of the people they supported.

Staff and managers knew the people using the service well. They spoke warmly of them and were able to explain their support needs, individual personalities, and likes and dislikes. It was evident from the interactions we saw that staff valued the people using the service and appreciated their qualities and abilities. One care worker told us, "If you ever have a bad day go and see [person's name] he'll cheer you up – he is so much fun!"

During our inspection we witnessed some excellent interactions between staff and the people using the service. For example, we were in the office looking at records with staff when one person came in to see what was going on. In a series of non-verbal communications the person joked with staff about the inspection and what she was going to tell us about the people who supported her. Staff told us this person had a 'very dry sense of humour' and we observed this and saw she enjoyed joking with the staff and being part of the inspection process.

Staff were dedicated to doing their best for the people they supported. One care worker had come in on their day off to prepare for the review of the person they key worked. They told us, "It's coming up soon and I want to get everything ready for it so it goes well for [person's name]."

People were encouraged to express their views and make decisions about all aspects of their lives. Records showed that each person had a communication care plan which set out how they made decisions about their care, treatment and support. This helped to ensure that staff involved them in making choices on a day to day basis.

We looked at three people's communication plans. These were of a good standard. For example, one person's explained how he used a range of methods to communicate including smiling, touching, and making certain vocal sounds. It also explained what staff should do if this person couldn't decide on something. It stated, '[Person's name] not able to make a decision on appropriate clothing so it is important that he is involved in the decision-making by being shown clothes that have been selected on his behalf.' This demonstrated that staff involved people making choices as a matter of course which reflected the empowering culture of the home.

People's right to refuse care and treatment, as long as it was safe for them to do so, was also set out in their care plans. For example, records showed that one person would decline certain foods using body language and, with regard to activities, '[Person's name] will make final decision by no longer participating in activities or events when he chooses not to.'

During our inspection we saw staff were respectful of people's dignity, for example by ensuring doors were closed when personal support was being provided. People's bedrooms were personalised and the décor and furnishings reflected their individual tastes and interests. All the people using the service had their own ensuite and ceiling track hoists to assist with their mobility. This meant people were supported with their personal care in the privacy of their rooms and they did not have to share communal bath or shower rooms. Recordings in care records were dignified and appropriate.

Good

Is the service responsive?

Our findings

Relatives said they thought the service provided responsive, personalised care. They told us the home was happy, tidy and clean. They said the staff were able to provide intensive one-to-one support when it was needed, which meant people's individual needs were met.

Care plans and risk assessments were personalised to the extent that photos of people were used throughout to remind staff of the unique person at the centre of the support process. The registered manager said using photos also made it easier to involve the person using the service in the review process. So, for example, if people at a review were talking about nutrition the person in question could see a photo of themselves having a meal which made it clearer what that part of the meeting was about.

All the people using the service had one page profiles to help staff get to know them and provide support in the way they wanted it. As well providing insight into the person's character and personality the profiles ensured staff had the guidance they needed to meet people's needs. For example, one profile advised staff that the person in question likes 'having a laugh and a joke' but dislikes 'being ignored'. During the inspection we saw that staff took this into account when providing support to the person in question with positive results.

People had personalised 'communication plans'. These incorporated guidance from health and social care professionals who had worked with the person in question. They included specific instructions to staff on how best to communicate with and understand the people they supported. Individual communication styles were included, for example, '[Person's name's] key method of communication is with her eyes.' This gave staff insight into how the people they supported made their views known, meaning that staff were better equipped to provide them with responsive care.

Care plans and risk assessments provided staff with key information about the people they supported and included explanations of what might cause behaviour that challenges us, how to prevent it, and how to respond in a positive way when it occurred. This meant staff had the information they needed to diffuse potentially challenging situations.

Staff were innovative in the way they supported people. For example, one person using the service was recorded as being unwilling at times to accept personal care. To counteract this staff had come up with a plan that suited the person. This began with staff playing a rousing piece of rock music at some volume. This let the person know they needed to go to their room for personal care. Staff sang along and we saw the person make their way to their room, clearly enjoying the moment and what had been turned into a fun activity for them.

Another person was doing a series of exercises recommended by their physiotherapist. As the person was reluctant to do this at times staff had made it into a game for them using music and tactile objects to encourage them to take part. The staff member supporting this person told us, "I use different songs for different exercises. For example, if [person's name] needs to stretch their arms above their head I play 'Let's go fly a kite' to encourage them." This provided successful and we saw this person enjoying their exercise routine, enthusiastically supported by the member of staff in question.

People's cultural needs were identified and met. One person's records stated, '[Person's name] does not actively follow any faith although they do like to celebrate Christian festivals such as Christmas and Easter.' If people wanted staff of a particular gender to meet their personal support needs the home provided this. Staff told us they also advocated for people on this issue. For example, one person preferred a female carer and staff liaised with health staff to help ensure they got this if they were when they were in hospital.

Staff provided a range of mainly one to one activities for the people using the service. These included trips out in a minibus to the cinema, shopping, bowling, and cycling (using adapted bicycles). One person had recently gone with staff to see a musical at the theatre. Staff knew what people's favourite leisure activities were and ensured they had the resources and support to pursue these.

During our inspection staff and the people using the service did a craft activity in the dining room when they made two 'guys' for Guy Fawkes night. Staff made everybody aware that this activity was going on. One person was in the lounge so staff took the craft materials to them to show

Good

Is the service responsive?

them what they were doing in case they wanted to join in. Eventually four people took part assisted by two staff with other staff dropping in and out to admire people's handiwork.

People appeared to enjoy this activity and had specific roles, for example drawing the faces on the guys. One person left the activity and staff told us this was there way of saying they no longer wished to take part. At the end of the activity staff and the people using the service took the guys outside and had group photos taken. Staff said these would be used to discuss the activity with people and show relatives, if people wanted to, what they had done.

The provider's complaints procedure was in the statement of purpose and service user guide. The service also had a designated whistle-blowing telephone line that staff or anyone else connected to the service could use. This was advertised in the home. Staff were trained to identify if any of the people using the service were unhappy about any aspect of the service and advocated for them to put things right.

The registered manager told us that she explained to relatives that complaints, compliments, and constructive criticism were always welcome at the home. She said, "If something is wrong we need people – staff, relatives, and others who visit – to speak out because the people we support can't always tell us." Relatives said they would have no hesitation in raising concerns and would do that with the registered manager or any of the other staff on duty.

Good

Is the service well-led?

Our findings

The registered manager and staff valued and appreciated the people using the service, enjoyed their company, and took pride in their achievements. When we visited the atmosphere was lively and the emphasis on staff supporting people to be as independent as possible and to have fun socialising and doing activities. A relative told us, 'We did a lot of looking round before we found this place. It's turned out to be excellent."

Staff told us they liked working at the home. One care worker said, "I know I'm really lucky working here, it's a very happy place and it's based around these guys [the people using the service] – they are really important to all of us." The culture of openness and positivity in the home was evident, as was the notion of putting people using the service first when any decisions were made about how the home was run.

Another care worker told us they were proud to work at the home. They said, We get a lot of compliments from family and professionals that come here, they always say to us 'what a happy place'. There's always a great atmosphere and the people we support are just brilliant."

The registered manager provided inspirational leadership to the staff team and was dedicated to ensuring the people using the service had a good quality of life. All the staff we spoke with praised the registered manager for the way she ran the home and for how she supported and valued the people using the service and the staff.

One care worker said, "She is very good at her job because she is very knowledgeable about all the people living here and about learning disabilities in general. I have learnt so much from her." Another care worker commented, "[The registered manager] listens to staff and we can raise things in team meetings. She also thanks us and gives us recognition for the positive things we do at work."

Staff had two-monthly regular supervision sessions which were recorded. These included appraisals of each staff member's current performance including their development and training needs. The registered manager also used an 'observational supervision' form to give management and staff the opportunity to feedback on each other's performance. The registered manager said anyone employed at the home could complete one of the forms, anonymously if they wished. The content could be positive or negative and the information provided was used to inform supervision sessions.

The registered manager told us she felt well-supported by the provider who supplied the home with maintenance, staff training, and other resources like access to expertise in the field of learning disabilities. The home's operations manager visited the home regularly to provide advice and support and to quality assure the service.

The registered manager carried out a quarterly self-audit based around five domains which were the same as those used by CQC, Safe, Effective, Caring, Responsive, and Well-led. Records showed that if any area of the service was in need of improvement the audit identified this and an action plan was produced.

The registered manager said this information informed the home's annual service view. People using the service, relatives, staff, and visiting health and social care professionals were invite to contribute to this. The findings were collated and discussed at an open day which all respondents were invited to attend.

The registered manager said that during this process staff turnover had been raised as a concern. She said she had investigated this and determined that some staff had left earlier this year for circumstantial reasons, for example to undertake professional training. But she said she had no evidence of numbers of staff leaving due to the way the service was managed. She said the service continued to value its staff by providing them with training, encouragement and support.

The provider had an incident/accident reporting procedure in place. This enabled the registered manager and staff to review any accidents, incidents and near misses and to highlight any patterns or concerns that needed to be further investigated. This would help to ensure the home remained a safe place for people to live.