

Voyage 1 Limited

514 Arnold Road

Inspection report

514 Arnold Road
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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected the service on 17 December 2015. The premises of 514 Arnold Road have been purpose built as a 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.

The service had a registered manager in place at the time of our inspection. 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 supported by staff who knew how to recognise potential abuse and how to respond to concerns. Risks in relation to people’s daily life were assessed and planned for to protect them from harm.

Summary of findings

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff valued and listened to them. People's choices were acted upon by staff who went the extra mile to support them to live a fulfilled life and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting

People were supported to access education and to enjoy a rich and active social life.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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 were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Good



Is the service caring?

The service was caring.

People lived in a service where staff valued and listened to them. People's choices were acted upon by staff who went the extra mile to support them to live a fulfilled life and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

Outstanding



Is the service responsive?

The service was responsive.

Staff placed people at the heart of the service and ensured they were the driving force in deciding what worked well in relation to their care and support. People lived a fulfilling life which was enriched by the support given to develop their skills and independence which led to them having more autonomy. People enjoyed a rich and active social life.

People were supported to raise issues and staff knew what to do if issues arose.

Good



Is the service well-led?

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were robust systems in place to monitor and improve the quality of the service.

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 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.

We inspected the service on 17 December 2015. The inspection 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 care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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.

During the visit we spoke with five people who used the service and three relatives to get their views of the service.

We spoke with two members of support staff and the registered manager. We looked at the care records of two people who used the service, medicines records of seven people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Is the service safe?

Our findings

People felt safe in the service and knew what to do if they had any concerns about their safety. One person told us, “I feel safe here because they (staff) look after me well.” We observed interactions between staff and people who used the service during our inspection and it was clear that people were comfortable with staff. Relatives felt their relations were safe in the service. One relative told us, “I am positive [relation] is safe there. We have no problems whatsoever.” Another relative said, [Relation] is absolutely safe there.”

People were supported by staff who knew how to protect them from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse and how to report any concerns to the registered manager or to external organisations such as the local authority if they needed to. Staff were confident that any concerns they raised with the manager would be dealt with straight away.

Risks to individuals were assessed and staff had access to information about how to manage the risks. Risks were also assessed for when people accessed the community and there was guidance for staff detailing how to support people to keep safe. Staff were given training and had their competence assessed prior to driving people in the minibus owned by the service.

People could be assured that their support needs would be known by other healthcare staff in an emergency, such as admission to hospital. People had a ‘traffic light assessment’ which contained detailed information about individuals and how to support them. This information was in a bound folder with instructions for staff to ensure it remained with the person in an emergency situation. This was important as some people were unable to communicate their needs verbally.

People received the care and support they needed in a timely way. People we spoke with told us there were staff available to support them and we saw this in practice on the day of our visit. Staff were available to support people when they needed or requested it and staff were also available to escort people in the community. The relatives we spoke with also told us they felt their relation got care and support when they needed it.

The registered manager told us that staffing levels depended on the amount of staff needed for activities and appointments and this was regularly assessed. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service and said that if they felt more staff were needed they felt confident the manager would address this.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. The people we spoke with told us that staff assisted them with their medicines when they should. Relatives we spoke with told us they were happy with the way staff managed their relation’s medicines. We saw people’s medicines were reviewed regularly to ensure people were on the correct medicines.

The registered manager told us in the PIR that the service had appropriate risk assessments in place which were evaluated for all areas including medication. We found the systems were safe and people were receiving their medicines as prescribed and medicines were stored safely. Records showed people were receiving their medicines as prescribed by their doctor. Staff received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

Is the service effective?

Our findings

People were supported by staff who were trained to support them safely. People we spoke with told us they felt the staff knew what they were doing. One relative told us, “On the whole they are very good. They are well trained.” We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people safely.

The registered manager told us in the PIR that all staff completed mandatory and service specific training and all new employees during induction were able to shadow shifts with experienced support staff to help gain knowledge and develop person centred practice. They also told us that all newly recruited staff were required to complete the care certificate as part of their induction. Staff we spoke with told us they felt they received training which was appropriate in giving them the skills and knowledge to support people safely.

Records we saw confirmed that staff were given the training they needed to provide them with safe working practices and to give them a knowledge and understanding of the needs of people they supported. We saw that training for first aid and was delivered through eLearning and staff told us they felt this would be better if it was delivered in a more practical way with face to face training. We discussed this with the registered manager and she told us this was being looked into.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss development needs. Staff told us they had regular supervision from the deputy manager or the registered manager and were given feedback on their performance.

People were supported to make decisions on a day to day basis. We observed people decided how they spent their time and people we spoke with told us they were supported to make decisions and choices about everyday life. Relatives we spoke with supported this and one relative said, “They all have [relation’s] best interests in mind.” We saw people had a ‘decision making profile’ in place which guided staff in what decisions people could make themselves and how best to support them with this.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We found staff that we spoke with had a good understanding of the MCA and their role in relation to this. The registered manager understood the need for capacity assessments to be completed and had completed the required assessments to ensure where people lacked the capacity to make certain decisions; these were made in their best interests.

The registered manager displayed an understanding of DoLS and had made applications for people where there were indications they may be deprived of their liberty. This meant people were not being restricted without the required authorisation.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and that they could eat whenever they wished to. They told us there were snacks readily available if they wanted to eat between meals. One relative told us, “[Relation] loves food and has plenty to eat.”

Our observations supported this with people telling staff when they wanted something to eat and staff supporting them to get whatever they had requested. We saw there were adequate food stocks in the service for people to access.

People’s nutritional needs were assessed regularly and there was information in support plans detailing people’s nutritional needs. One person had gained some weight and

Is the service effective?

this presented a risk to their health. This had been monitored and a healthy eating plan had been put in place which involved discussions with the person to ensure they understood the benefits.

People were supported with their day to day healthcare. People told us they were supported to attend routine appointments and records we saw supported what people told us. The staff we spoke with had a good knowledge and understanding of people's health conditions and knew how to support them and respond to changes in their conditions. Records showed that people were supported to attend appointments such as to the hospital and the doctors.

Staff sought advice from external professionals when people's health and support needs changed. For example one person had started to choke on their food and staff had sought intervention from a speech and language therapist (SALT) and we observed staff followed the recommendations from SALT. The recommendations were clearly stated in the person's care records so that staff had the guidance they needed to support the person. We saw there were plans in place guiding staff in how to monitor other healthcare needs the person had.



Is the service caring?

Our findings

People felt happy and content in the service and one person told us, “I love it here. Much better than my last home.” Relatives were equally positive in their comments and they all told us they were confident their relations were happy living at the service. One relative told us, “Staff know [relation] very well. They are very kind and caring.” Another relation told us, “They are very caring.” A third said, “I am well satisfied with them (staff).”

People were cared for by staff who went the extra mile to provide individualised care and support. For example, prior to our inspection we were given feedback by a visiting professional and they told us that they felt staff had gone over and above their requirements when one person was admitted to hospital. We looked at this during the inspection and we saw that the person had been in hospital for a number of weeks and the registered manager had made arrangements for a member of staff to be with the person all day, every day until the person was well enough to return home. The registered manager told us she had not even considered if the service would be paid for the staff she put in place to support the person at the hospital. She told us that it wasn’t a consideration and it was done because staff cared about the person and were concerned the person would not know staff at the hospital and this would make them anxious. We spoke with the relative of this person and they told us, “[Relation] was admitted to hospital, very ill, and the staff were amazing. They supported [relation] and me, all the way.”

People’s diverse needs were respected and staff worked hard to support their diversity. For example one person had spoken about wanting to change their gender. They told us, “Nobody listened to me before I came to live here. I told [registered manager] about my wishes and she helped me all through it. I am so much happier now. She is a star.” The registered manager and staff had worked hard to support the person fulfil their wishes. They had supported the person to access external peer and support groups in the first instance so that they could explore this further. They had then supported the person with professional support and medical appointments, which were sometimes in another County. The registered manager had supported

the person to officially change their name and staff supported them to write a new care plan which was tailored around their wishes and informed staff how they wanted to be supported.

The registered manager told us that people who wished to attend a place of worship were supported to do this and records we saw confirmed this. One person who was unable to communicate verbally relied on staff to support them to follow their culture. We saw the person’s cultural needs were recorded in their care records and staff we spoke with demonstrated how they supported the person to ensure their cultural preferences were followed. For example the person liked to listen to specific prayers and music when they woke in the morning and staff knew about this and confirmed it was happening.

People were treated with warmth and kindness by staff and felt staff knew them well. We observed staff being kind and patient with people and staff clearly had a good understanding of people’s preferences and abilities. Staff spoke positively about the people they supported and we observed staff interactions with people who used the service and we saw there was a relaxed and happy atmosphere. People responded positively to staff and their body language showed that they were comfortable. The staff we spoke with told us how much they enjoyed working at the service and some members of staff had been there for a number of years. Staff told us they felt the service was caring and gave examples of when they felt this had made an impact on people who used the service. One example given was in relation to a person who had not been able to eat when they first moved into the service and received food intravenously. Staff described how they had worked with the person and they were now able to eat food, had gained independence and their health had improved.

The registered manager told us in the PIR that people who used the service were promoted to make choices either verbally or adapting communication methods such as using objects for reference, assisted technology or Makaton if required. We saw the assisted technology used during the inspection and we saw this had a positive impact on the person who had not been able to communicate their needs prior to the assistive technology being sourced. The person spoke with us using the technology and was clearly thrilled with this adaption with them laughing and smiling whilst speaking with us.



Is the service caring?

People told us they were supported to make choices such as, what time to go to bed and get up in the morning and they told us that meal times were flexible and they chose when to eat. We saw this happen on the day of our inspection when some people chose to get up later in the morning and this was respected. We saw mealtimes were flexible, with no set time for people to eat and we observed people choosing when and where they ate throughout the day. Staff told us they felt one of the areas where the service did well was choice. One member of staff told us, "Whatever they (people who use the service) say goes. Anything people want in relation to their care; they decide."

We saw from the care plans of two people that their specific methods of communication were clearly detailed and staff we spoke with were able to tell us what the gestures or signs meant to the person and what choices they were communicating. For example the care records of one person detailed the person made a certain noise when they were communicating a need to staff. We saw this happen on the day of our visit and staff responded quickly to the person.

The registered manager told us that no-one was currently using an independent advocate but that there was information available for people to inform them of advocacy services. She told us that the use of advocacy

was discussed with people to ensure they knew how to contact them if they needed to. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. We observed people were treated as individuals and staff were respectful of people's preferred needs. The relatives we spoke with told us they felt people were treated with dignity and we observed staff treating people with dignity with people making choices and being supported to spend time alone when they wanted to.

People were supported to spend time with their relatives and friends. One person told us, "I go home for the weekend when [relation] is not working." Another person said, "Family and friends visit at any time and sometimes stay for meals." A relation told us, "I join [relation] for Sunday lunch and stay for the afternoon, which is nice."

Staff were given regular training in how to support people with privacy and dignity and the registered manager told us she was developing support sessions for staff in relation to the core values of privacy and dignity. Discussions with staff showed they understood the values in relation to respecting privacy and dignity and they spoke respectfully about the people they supported.

Is the service responsive?

Our findings

People were involved in planning and making choices about their care and support. People told us they had chosen how their bedrooms were personalised with their choice of furniture and possessions. Meetings were held for people to get involved in; to get people's views on what activities they would like to do and a weekly menu planning meeting where people chose the meals for the following week. People's relatives were involved in their relation's care and support. One relative had commented positively in a recent survey with regards to "On-going discussions with staff about [relations] care".

The registered manager told us in the PIR that all individuals received an annual person centred review which looks at areas that were working, areas that were not working and looking at future goals. They told us that these were completed with families and external professionals. We saw that care plans were very detailed and written in a person centred way, in that the information was tailored specifically to each person's needs and their preferences for being cared for.

The care plans detailed which gender people preferred to support them and there was detailed guidance on how people preferred to be supported through each hour of the day. For example one person's care plan stated they liked to wake naturally and then listen to specific music. We saw this happened on the day of our inspection with the person not waking until late morning. We spoke with staff and they knew the music they needed to play when the person awoke.

People were given the support they needed to maintain independence. On the day we visited we saw one person getting involved in the preparation of their own meal and another person went to help the staff to do the food shopping for the service. One person lived in a self-contained area in the service to enable them to retain their independence. They told us they had independence and the support of staff when and if they needed it.

People were supported to follow their interests and enjoy a social life and further education. On the day of our inspection one person was attending college, four people were attending day services and one person was supported

to go out into the community. People told us they were supported with their preferred activities. One person told us, "I have a lot of freedom and go to the gym, out to eat and to see friends." We saw one relative had written in a recent survey, "Staff go out of their way to make sure [relation] has an active social life."

One person told us that they liked to spend time on a computer or electronic tablet. We saw the person had been supported to have their own work station in the activity room and to purchase a tablet. The person spent a great deal of time enjoying doing electronic puzzles on the day we visited and told us they enjoyed this.

Another person enjoyed varied sensory activity and we saw staff had supported them to have a range of different sensory equipment in their bedroom and on the day of our visit we observed the person enjoying these activities. This person also enjoyed water therapy and we saw staff supported them to attend a hydro pool each week.

Records showed people were involved in a range of activities and holidays. These were linked to their likes and preferences such as attending social clubs, bowling, walking, swimming, shopping, going to the pub and out for meals. The manager told us about the holidays people had been supported to go on, including a holiday to a log cabin which specialised in having equipment for people with a physical disability.

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would speak to the registered manager if they had a problem or concern and it was clear from discussions that people had a good relationship with the registered manager. One person told us, "I go to [registered manager] and she sorts it out." One relative told us, "We never get to the stage where we have a problem as I speak to staff all the time." We observed people were comfortable approaching and speaking with staff and the registered manager.

If people made a complaint they could be assured it would be responded to and acted on. The registered manager told us they had not received any complaints in the last 12 months. We assessed a complaint which had been made prior to that and we saw it had been recorded and responded to appropriately and the concerns resolved.

Is the service well-led?

Our findings

People we spoke with told us they were happy living in the service and felt it was well run. The relatives we spoke with also commented positively on the service and said they felt their relation was happy there. People who used the service were supported to have a say in how the service was run through regular meetings and reviews of their care and support. Relatives were also supported to be involved via attending review meetings and by completing annual surveys.

People who used the service and the relatives we spoke with told us they completed a survey to give their views of the service. We looked at the most recent surveys completed and saw they were positive. One relative had written, “We have complete confidence in staff’s knowledge of [relation]. We particularly appreciate the culture of deep thinking of staff when issues arise for [relation]. Another relative had written, “I am impressed with Arnold Road and the support it offers to the resident’s.”

Staff told us they were able to raise issues or put forward ideas with the management team and felt they were listened to. They told us they felt supported and said the registered manager was approachable and they felt she would take concerns seriously. Staff were given an opportunity to have a say in how the service was running through regular staff meetings. We saw these meetings were used to give information to staff and for staff to raise any issues or suggestions for improvement. Staff told us meetings were also used to discuss what was working well for people who used the service. They gave an example of one person who no longer attended day services and staff were using meetings to discuss possible solutions to bridge the gap this had left for the person.

There was a registered manager in post and she was supported by a deputy manager who also took responsibility for the day to day running of the service when the registered manager was not there. People who used the service and their relatives were complimentary about the registered manager and said she was very open, honest and helpful. One relative said, “She (the registered manager) goes the extra mile.” We observed the registered manager interacting with people and we saw she knew people well and engaged with them in an open and inclusive way.

The registered manager told us in the PIR that staff had different areas of responsibility and we saw this was the case with staff having a rota which gave them different responsibilities each day. This would ensure staff were developing their skills and knowledge and have ownership over the responsibilities they had. We observed staff worked well as a team and looked motivated and happy in their role. Both of the staff we spoke with told us they were happy working in the service.

People could be confident that the service was monitored and any improvements identified were implemented. The registered manager told us in the PIR that quarterly audits around all outcomes for CQC was carried out by the manager and audited by the operations manager, with results entered into an electronic audit tool submitted to the quality team within the company. They told us that any actions must be completed and consolidated to ensure audits were evaluated to achieve outcomes.

We looked at the systems used for monitoring the quality of the service and we saw they were in-depth and robust, focusing on the five key questions, is the service safe, effective, caring, responsive and well led. This involved audits which looked at every aspect of the service including care records, the environment, staffing and safety. We saw the systems were effective in identifying where improvements were needed and the registered manager had action plans in place which were monitored by the provider to ensure the improvements were being made.

We saw there had been an annual quality assurance visit undertaken by the provider and this visit included speaking with people who used the service, observing staff interactions with people, speaking with staff and looking at all aspects of the running of the service. Following the visit a report was given to the registered manager along with an action plan for improvement. We saw the registered manager was working through the action plan and addressing any shortfalls. For example the audit had flagged up that some safety check records had not been completed within timescale and the registered manager had implemented a new system to make sure this did not happen again in the future.