

Voyage 1 Limited

Coombe 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

About the service

Coombe Road is a residential care home providing personal care and accommodation for up to seven people with a learning disability in one adapted building. At the time of our inspection there were seven people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were supported to have choice and control over their lives. People were active and chose the activities they engaged in. Staff made timely referrals to health and social care professionals to ensure people's needs were assessed and met.

Right Care

Staff were kind and caring to people. People and staff knew each other well and staff understood people's individual ways of communicating. People received their care safely because staff were trained and supervised, and people's risks were assessed and mitigated. People's needs were assessed and reviewed, and their care was person-centred.

Right Culture

Coombe Road is a larger than usual services for people with a learning disability. However, the service promoted a person-centred culture by focusing on people's unique needs and individual preferences. The service gathered feedback from people and their relatives and took action in response. The provider checked the quality of care people received and developed action plans to ensure continuous improvements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 (published 09 January 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service 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.

Coombe Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Coombe Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Coombe Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. Inspection activity

started on 21 September 2022 and ended on 26 September 2022. We visited the service on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications from the service and information shared by the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with two people, two staff and the registered manager. We reviewed four people's care records and four staff files. We undertook observations of staff support and the care home environment. We checked medicines records and medicines storage and reviewed the provider's quality assurance processes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained to safeguard people and to follow the provider's safeguarding procedures.
- Staff we spoke with knew the signs that someone maybe at risk of abuse and the importance of their role to report any concerns.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. People's risks were assessed, and staff followed the guidance in people's care records to safely manage risks.
- Where people had risks associated with their health conditions, they were supported with input from healthcare professionals. This included needs assessments, risk assessments and guidelines for staff to follow. For example, where people were at risk of unsafely swallowing food in a way that could cause choking or chest infections, they were supported with referrals to speech and language therapists. They assessed people's risks and wrote guidelines for staff. These included the support people required to eat and the consistency of foods and fluids necessary to swallow safely.
- People were protected against the risk of falling from height because the provider installed window restrictors throughout the care home.
- Staff protected people from fire risks. The service had fire alarms, smoke detectors and fire doors throughout the home. People had individual plans in place detailing the support they would require evacuating the building in the event of an emergency and staff received fire safety training.

Staffing and recruitment

- There were enough staff available to support people safely and consistently.
- The provider followed safe recruitment processes to ensure staff were suitable to provide care and support. The provider reviewed employment references and confirmed the identities of prospective staff. The provider confirmed that staff had the right to work in the UK and carried out Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff received regular medicines administration training.
- Medicines were stored safely in a locked cupboard in a locked room with the key held by one member of staff who was given medicines administration responsibilities on each shift.
- People's photographs were placed on their medicines boxes and Medicines Administration Records (MAR).

This ensured that staff administered the right medicines to the right people.

- The registered manager checked people's MAR charts and medicines stocks to confirm people had received the right medicine at the right time.
- People were supported to have their medicines reviewed by healthcare professionals. When the registered manager was concerned about the amount and effect of one person's medicine they supported them to have a medicine review. This resulted in a reduction in the dose of medicine the person was prescribed, which positively impacted their energy and ability to engage in the activities they wanted to.

Preventing and controlling infection

- People were protected against the risk and spread of infection.
- Staff followed published guidance when wearing personal protective equipment (PPE). This included masks and gloves when providing personal care.
- Staff received training in infection prevention and control, as well as food hygiene to keep people safe.

Learning lessons when things go wrong

- The registered manager, with support from senior managers, reviewed all instances when things had not gone to plan. Learning from these reviews was shared with staff to continuously improve the safety and quality of the care and support people received.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. 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 needs were assessed, and their assessments reflected their preferences.
- Staff supported people and their relatives to participate in needs assessments. Where people had limited communication, staff used communication aids, people's body language and knowledge of people's likes and dislikes to plan care and support.

Staff support: induction, training, skills and experience

- People were supported by trained staff. The provider had its own training department which delivered training to staff online and face to face. Areas of training included health and safety, moving and handling, medicines and safeguarding. In addition, staff also received training in areas related to people's specific needs such as autism and epilepsy.
- Staff were supervised and appraised. One member of staff told us, "Supervision is an important conversation. You need it to come out improved and focused." Another member of staff said, "I can see where I am doing well and where I have to improve which helps the people we support get good support." The registered manager maintained records of supervision meetings which were used to review agreed actions.

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

- Staff provided people with the support they required to eat enough and to eat safely.
- People ate well. Staff promoted healthy eating and ensured healthy eating options were available for people to choose. One person told us, "Staff encourage me to eat veg. Got to say; not a fan. But I get it."
- Staff supported people with skills teaching around meal preparation.

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

- People's health needs were met. Staff supported people to access healthcare services when required. This included occupational therapy, physiotherapy, speech and language therapy, GP services and local authority social workers.
- Staff supported people with their anxieties around specific healthcare appointments. For example, staff arranged for dentists to visit the service to check people's dental health. This reduced people's anxiety and enabled regular, safe and thorough dental checks.

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

- The service was adapted to meet people's needs. People had access to all areas of the home and garden.
- The home was clean and bright, and people's bedrooms were personalised.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were appropriately supported with mental capacity assessments.
- Where it was necessary for people to be deprived of their liberty to keep them safe, the details of the restrictions in place and how long they were valid for were detailed in care records.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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

- People received their care and support from kind and caring staff. One person told us, "I like living here. The staff are good to me."
- Staff supported people around their cultural needs. This included enabling people to experience cultural events, activities, music and food.
- Staff treated people with kindness. Most people could not use verbal communication. We observed people and staff interacting. We saw that people appeared comfortable going to staff and staff appeared to understand what people were communicating.

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

- People chose how they received their personal care. Care records noted people's preferences, gathered over time. For example, one person's care record stated that they, "Like to wrap their hair in a shower cap to prevent it from getting wet." One member of staff told us, "Where people consistently choose or reject things, with or without words, tells us their decision and we respect it."
- People were supported to continuously express their views and decide how they received their care and support. For example, people chose what they ate, what they wore and what they did.
- Care records noted people's likes and dislikes. For example, one person's care record noted they liked, "Bubble baths." Staff used this information to ensure the person received their personal care in their preferred and relaxed way.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity. One person told us, "I like to look sharp. I like to wear suits. Staff help me with what I need. I do my tie myself. Staff help me with shoes and that." A member of staff told us, "When people come out of personal care they look good. They are well dressed, and I am proud."
- Staff promoted people's independence. Care records noted the daily activities people wanted to engage in and the support they required to do so. For example, several people chose to engage in household shopping for the service and staff supported them to be as independent as possible. This included pushing shopping trolleys, packing and unpacking the shopping.
- People's privacy was protected. Staff only entered people's rooms with their permission. People's care records were kept in the office and out of sight to protect the privacy of people's personal information. A member of staff told us, "When we give personal care the door is closed. We knock on bedroom doors. When family visit, we give them private space."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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

- People received personalised care. Staff supported people in line with their preferences and their person-centred care plans. People's care plans were reviewed regularly, with people and their relatives participating in the process.
- People chose where they spent their time at home. Whilst some people preferred the company of others and to be in the lounge, kitchen or conservatory, others preferred to have periods of quiet, alone in their bedrooms. One person told us, "I am a really early riser but they're alright with that." Adding, "If I want a kip in the day, they are alright about it and don't disturb me."
- People chose how their rooms were decorated and presented. For example, people chose the colour their rooms were painted and the personal items on display.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service made information available to people in pictorial, easy-to-read formats. These included information about medicines, complaints, activities and what to expect during specific healthcare appointments.
- People's communication needs were assessed and the individual support they required was detailed in care records.
- Most people living at the service did not use verbal communication. The person-centred communication approaches used by staff included visual and pictorial prompts. One member of staff told us, "We talk to people even if people can't speak back as they pick up on your body language and you pick up on theirs." Another member of staff told us, "Good communication takes time. It's really about knowing each other. It's subtle and it takes time but it's worth the wait. You know what someone wants just by a look or a sound they make."
- The service developed videos for people with autism explaining how and why staff wore personal protective equipment, how to wash hands correctly and one entitled, 'How to have fun at home during lockdown.'

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

- Staff supported people to maintain their relationships with families. Relatives were regular visitors at the service and activities were arranged for them to attend such as barbeques.
- People were supported to develop and maintain social relationships. For example, where people had made friends at day services they were supported to nurture these relationships through further social contacts away from the day service setting.
- Staff supported people to avoid social isolation. Staff made mealtimes social events for people. People participated in varying aspects of meal preparation included peeling, chopping and stirring and dined together. One person's care records noted "[Person's name] likes to be in the kitchen when meals are being prepared and to be involved e.g. sweeping, washing up and making drinks."
- People were supported to participate in a range of activities and enabled to engage in hobbies. One member of staff told us, "We encourage people to do their hobbies and praise them for what they have done." Asked if they enjoyed doing the hobby they were engaged in during our inspection, one person smiled and said, "Yes. Yes I do."

Improving care quality in response to complaints or concerns

- People and relatives had access to the provider's complaints process which was available in a pictorial and easy to read format.
- No complaints had been received since the last inspection.
- The provider's complaints procedure was up to date.

End of life care and support

- No one living at the service was identified to be on the end of life pathway. However, the registered manager was confident that the service could continue to provide care and support should people require end of life care.
- One member of staff had completed an end of life care training course with the beacon hospice service to whom the provider would turn to for support if people required end of life care. In addition, should circumstances require, plans were in place for all staff for to receive end of life care training.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. 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

- The service had a positive culture. People and staff spoke positively about the registered manager and openness at the service. One person told us, "The manager is a good egg." A member of staff told us the registered manager, "Is approachable and open to change. That gives you the confidence to suggest things in the future."
- Good outcomes were planned and achieved for people. These were regularly reviewed with people, their relatives and healthcare professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role to keep people, relatives and local authorities up to date with important events at the service.
- The service kept CQC informed of all notifiable incidents in a timely manner.

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

- The registered manager routinely checked the quality of care and support people received. Audits were also undertaken by the provider's operations manager and quality teams. Action plans were developed from these checks. This meant the service focused on continuous improvements for people.
- The registered manager and senior staff undertook regular observations. This included observing staff providing care and support, interacting with visitors and engaging in health and safety activities. Feedback from these observations enabled staff to improve their performance.

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

- The registered manager gathered feedback from people and their relatives and acted on it to make improvements.
- Members of staff with specific responsibilities with individual people had one to one meetings with people each month. These were used to gather people's views about their care and support and to plan activities.
- The registered manager arranged regular team meetings, where progress was discussed, and staff views shared.
- Staff had access to the provider's weekly newsletter which gave updates and information around issues

such as policy changes, training and professional development.

Continuous learning and improving care

- The provider promoted a learning culture for staff. Staff received regular training in a range of areas and afterwards were invited to share their views on the training session and how it could be improved for colleagues.
- The registered manager was supported in their role. They regularly met with senior managers and the provider's quality monitoring staff. They also met with registered managers from some of the provider's other homes to discuss improving care and support.

Working in partnership with others

- The registered manager and staff worked in partnership with others to meet people's needs. For example, the service worked with health and social care professionals to assess, plan and review people's care and support.
- The service also worked in partnership with the local authority by collaborating on quality audits which the registered manager actioned.