Voyage 1 Limited

48 Heath Road

Inspection report

Holmewood
Chesterfield
Derbyshire
S42 5SW

Tel: 01246857620
Website: www.voyagecare.com

Date of inspection visit:
19 October 2018

Date of publication:
29 November 2018

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

The inspection took place on 19 October 2018 and was unannounced. 48 Heath Road is a care home that provides accommodation with personal care and is registered to accommodate eight people and at the time of he inspection eight people were using the service. It provides a service to younger adults with a learning disability and complex needs.

The accommodation at 48 Heath Road of several lounge areas for each person to have their own personal space. There was also a communal dining area. Each person had their own room with an ensuite facility. There was a communal bathroom and another room in process of being developed into a sensory room. The service has a vehicle people can use and there are good links to public transport and local community facilities.

48 Heath Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in April 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.
There were sufficient staff to support people's needs and this was arranged flexibly to support activities and health care appointments. When staff were recruited the necessary checks were completed to ensure they were suitable to work with people. All the staff received training in safeguarding and this enabled people to be protected from the risk of harm.
Risk assessments had been completed to ensure when a risk had been identified measures were in place to reduce the risk. When guidance was provided we saw this was followed. All the people required support with medicine and this was done safely and in accordance with guidance for all the medicine which was dispensed
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Best practice guidance was used to support people's needs and this included training to support these methods. All the staff received training for their role and an induction when they commenced their employment.

People had a choice of meals and their dietary needs were supported. All aspects of people's health care were considered and we saw how the support and guidance enhanced people's wellbeing and ongoing health needs. The environment had been adapted to meet individual needs.

Staff had established positive relationships with people and this ensured care was kind and compassionate. People felt their dignity was respected when they received care. Relatives were welcome to visit at any time.

The care plans were detailed and included every aspect of the persons care needs and preferences. We saw how these were updated with any new information as necessary. Consideration of how people communicate was included and developed along with any cultural needs.

When people had lost a loved one there were support systems in place to enable people to understand this difficult time. People were able to engage in activities and areas of interest.

There was a complaints policy and a process to follow. The registered manager understood their role in relation to their registration. Audits and methods to drive improvement were in place and these were used to make improvements to systems and the lifestyles of those living at the home.

People's views were considered and changes made to reflect these. Partnerships had been developed to enhance the care available to people.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

48 Heath 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.

The provider had completed a Provider Information Return as part of the Provider Information Collection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.

Not everyone in the home could tell us about their experience of their life in the home, so we observed how the staff interacted with people. After the inspection we contacted three relatives by telephone who were able to share more in-depth knowledge about the care people received.
We also spoke with two members of care staff, one senior care staff, the deputy manager and the registered manager.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the home ensured the quality of the service was continuously reviewed, these included audits relating to accidents and incidents, infection control audits, complaints, compliments and surveys to reflect feedback.

Good

Is the service safe?

Our findings

Our observations throughout the day demonstrated that people were relaxed with the staff that supported them. Staff we spoke with were clear on what constituted abuse or poor practice, and systems and processes were in place to protect people from the risk of harm. They knew how to recognise and report potential abuse to keep people safe. One member of staff said, " If anything is not right , I would report it. The manager is straight on to it here." We reviewed safeguarding referrals which had been made and the investigation, which reflected any action taken and future learning.

The provider had recognised the risks people faced due to their learning disability and associated autistic spectrum disorder. People had risk management plans in place which provided guidance to staff, along with information about how to mitigate these risks. We saw these proactive measures minimised identified risks. For example, we saw that staff supported people to follow their routines and preferences. One relative said, "Since being here the incidents have reduced and I feel a lot more relaxed as everything is covered." We saw that people's routines were documented and understood by the staff members supporting them. The risks covered the support people required in the home, for example when using the kitchen. In addition when out of the home, these risks reflected the use of transport and locations the person may wish to visit.

Plans were in place to keep people safe in the event of a fire or other emergency that required their home to be evacuated. In the PIR the provider told us, 'When things go wrong we continuously evaluate and implement new effective working practices.' We saw this had occurred in relation to emergency evacuations. Some people became distressed by the emergency bell and refused to leave the building on hearing the bell, placing themselves and others at risk. The provider had considered this, they had worked to make a link between the bell and going out for a coffee. This meant that the people were more relaxed about vacating the building when they heard the evacuation bell and this supported their ongoing safety. This shows that lessons were learned and improvements developed.

People were supported by consistant teams of staff. All the people had a one to one staff allocation and when required this was increased to support appointments or events. One relative said, "The manager is good at picking staff and putting the people first". We saw how some people had initially required two to one staffing, however they were now more settled the level of support had been reduced. The registered manager said, "The commissioners work with us to support people and their individual needs. Although the full time two to one has been reduced they still agreed twenty hours which we are able to use flexibly to support the person's chosen activities." All the relatives we spoke with felt comfortable with the level of staff and the nature of those staff working at the home. One relative said, "The staff are kind, the manager knows the best staff who are able to support these people with their complex needs."

The registered manager had increased the senior positions at the home from two to three. They told us, "They are my eyes and ears as I cover two sites. I also have a deputy at each site so that they can support the running of the home."

When new staff were recruited, we saw that a range of checks were completed. These included obtaining

two references and a police check. This ensured staff were suitable to work with people. One staff member told us they had to wait until all these checks had been completed before commencing their training and start date.

Medicines were managed safety. All staff completed training and had a competency before they were eligible to support people with their medicine. Medicine administration records (MAR) were kept and staff signed when people had taken their medicine. We checked the medicines against the MAR and they corresponded. This showed us that people had received their medicines as prescribed. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when 'as required' medicines should be given. We viewed the stock and storage of medicines and found these were in accordance with National Institute for Health and Care Excellence (NICE) in 'Managing medicines in care homes.'

The home was maintained to a good standard and was kept clean. All the people that used the service were supported by staff to keep their rooms clean to ensure hygiene standards were maintained. Staff confirmed a cleaning scheduled was in place. The registered manager completed audits of infection control and health and safety to ensure any areas for improvement had been identified and action taken as required.

Good

Is the service effective?

Our findings

People's needs had been assessed using nationally recognised assessment tools and best practice guidance; for example, around positive behaviour support. This meant people could be assured their needs were effectively managed and monitored. Comments received by the provider from relatives and visiting professionals were positive regarding the support provided by the staff team. One relative we spoke with told us, "Staff have strategies for dealing with the difficult behaviours." Another relative said, "They are risk aware and manage behaviour well." A staff member told us the training they received was really good. One staff member said, " It's all about the person here. The training on autism was really interesting. It made you realise how the person sees the world different to most people."

Staff had received training to ensure they had the skills to support each person. For example, when some people required a specific medicine for their epilepsy, staff had received training to enable them to give this correctly and complete the required paperwork. Other training was a mixture of online and face to face. Staff felt both methods supported their training needs. New staff had completed the care certificate. The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high-quality care. This meant staff were training to support people on an individual basis.

People's meals were planned with them with an understanding of each person's preferences and for those able to engage in discussion. We saw how different dietary needs had been considered, for example, one person required a gluten free diet. Staff had researched aspects of the diet and ensured the meals were suitable. This included when going out so the person could still enjoy meals in a restaurant setting. Menus were provided in a picture format to support understanding. Due to people's autism and associated health conditions it was identified that sugary snacks and caffeine had a negative impact on their behaviour. The registered manager told us how they had changed these items for alternatives and how it had reduced issues at night.

One person religion meant they did not eat pork meat. To ensure the person did not feel they were being excluded staff purchased other meats and ensured these were cooked at the same time. For example, when people enjoyed a bacon sandwich, turkey slices were cooked which provided a visual similarity, however ensured a respect of the persons culture. People's dietary needs were monitored and any concerns raised with health care professionals.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation

of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. All the people using the service were subject to a DoLS, which had been authorised. The registered manager reviewed these monthly and ensured that any conditions were followed. When people required any additional restrictions, we saw that there was a meeting held with representatives and professionals to consider a best interest decision. Staff had a good understanding of MCA and were able to reflect on how people were supported with decisions. This was supported by the providers ethos of person centred care and individual choice.

People's health care was managed to support people to live healthy lives. We saw when any concerns were raised they were addressed with the required health care professional. For example, staff had identified one person who was not well and had reoccurring health issues. The staff obtained medical advice and the person received tests to identify the problem. The person received appropriate medical support and now had a diet to support their ongoing condition. Another person had an injury, staff observed they were expressing pain so requested additional pain relief for the person. They also followed guidance to support the person with the injury. When people had appointments, senior staff supported them to attend.

Some people had been identified as having the potential to move to a supported living setting. This had been discussed with health professionals so that they could work together to deliver the effective care required.

The provider had considered people's individual needs when making adaptations to the premises. Each person had their own room with an ensuite which had been personalised. One person's ensuite had been adapted to provided added safety and meet the individual needs. The relative said, "This has been positive as it minimises the risk." Each person also had their own lounge or a shared space with one other. This enabled them to enjoy time outside their bedroom and supported their need for individual space. One relative said, "It's nice they have their own living space." There was an accessible garden which was secure. It housed a trampoline and seating areas. The registered manager also told us they were planning to develop a sensory garden. There was also a space within the home which was being redeveloped as a relaxation space.

Good

Is the service caring?

Our findings

The provider had a person-centred culture that focused on the promotion of people's autonomy and rights. This was achieved by ensuring people could communicate their needs and preferences. Relatives we spoke with said, "There is scope here for people to be on their own or to mix with others." A staff member said, "It's all about the people here."

We saw and relatives commented on the atmosphere of the home. One relative said, "The atmosphere helps the people to be calm and relaxed." Relatives told us they were welcome anytime. All the family members had the code to the home and felt this gave them a lot of assurance about the care being provided. One relative said, "They have nothing to hide, I can visit anytime and have done so."

People were encouraged to maintain control over their lives and daily activities. Some people were supported by an independent mental capacity advocate at the time of our inspection. Advocates are trained professionals who support, enable and empower people to speak up. One relative said, "The staff have been great, so positive. [Name] has done so much, they are more like their old self." Another relative said, "With the staff support there is a noticeable difference, they always look nice."

People's privacy was respected and promoted. For example, one person wished to have a key to their room. They had a key and staff respected this and other peoples space. One staff member told us, "We support people from a distance to retain their dignity." People were supported with their spiritual choices. One person attended church with support from the staff. Independence was encouraged. One person had progressed to being able to stay at a youth club without staff support for a period of two hours. This had been the result of a gradual reduction of support and enabled the person to be have an more independent social life.

Good

Is the service responsive?

Our findings

The registered manager and the staff team were passionate about ensuring people's social inclusion in meaningful recreational and social opportunities. Each person had support staff who knew what activities the person enjoyed. Some people had routines and activities which they did daily or weekly, others had a more relaxed approach and enjoyed activities depending on how they felt on the day. Activities included, swimming, attending the local football team matches and visiting local shops and parks.

The registered manager and staff team understood the importance of working with people at their own pace. We saw the care plans were detailed and included all aspects of people's life and preferences. One staff member said, "The care plans are reflective of how people are today, they don't focus on the past. When we identify a new change, the plans are altered." One section was headed, 'Important information about people's life.' This identified communication methods and detailed what would enable people to know how to support them. One staff member told us, "It's important to take time to get to know people. That way you can provide the right care."

We saw that daily notes were completed to reflect the events of the day and how the person was in themselves. This included the persons mood, nutritional support and activity level. Before staff commenced their shift, they received a handover so that they had the most up to date information to support people.

The provider ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Communication plans were in place within people's support files that provided detailed information on how people communicated their needs and preferences.

We saw how the service was responsive to people. For example, changes were made following the identification of an increased risk when one person ate their meals. The person often banged their head on the table causing injury. They had tried a large padded cushion placed on the table to reduce the risk and this had been effective. The registered manager was now adapting one of the tables to have the cushioning made integral so that it was not an obvious adaptation.

At the time of the inspection there was no one requiring care for their end of life needs. However, the registered manager was aware of this area and the need to address this with people. One person had recently lost a family member. To assist the person to understand their loss the staff had provided pictorial and written information for the person. They had also given them a sympathy card to express their sadness and support for the person. The registered manager said, "This is what most of us would do to support a person with their loss." The staff had also considered what support the person would need to understand the funeral. Staff had introduced social stories and pictures of the funeral car.

We saw when another person had lost a close family member they had been supported through the grieving process. Part of this was visiting the grave of the person on a regular basis with flowers. Additional visits were also made on special occasions significant to the person.

The provider had a complaints policy which was in written and easy read formats. The provider had changed how they recorded any complaints to ensure they were complaint with the new data protection requirements. At the time of the inspection there had been no complaints. All the relatives we spoke with felt confident in raising any complaint if needed and assured it would be addressed.

Good

Is the service well-led?

Our findings

There was a registered manager at 48 Heath Road. 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.

Relatives felt there was a dedicated approach to care at the home. One relative said, "They are passionate at getting the care right for people." All the relatives we spoke with felt they could contact the registered manager or any of the senior staff at any time.

Regular quality meetings were undertaken by the provider and registered manager. Records demonstrated that where areas for improvement or development had been identified these were addressed. Medicine audits had been completed and when any areas were identified these were addressed either with the individual staff member or through shared information or training.

Accidents and incidents were reviewed and action learning plan was put in place. One staff member told us, "We take a good look and see if we could have done things differently or how we might approach something next time." We saw this approach had been taken in respect of health appointments. An incident had occurred when a care staff had supported a person at the hospital. The registered manager has now changed the requirement for all health appointments to be with a senior to reduce the risk of this reoccurring.

Initiatives were in place to support staff. Staff could access a meal whilst working and they paid a nominal sum of £1. This was used as a 'Kitty' to purchase things to support the people or the home. For example, the purchase of a second-hand piano.

Staff felt supported by the provider and management. One staff member said, "They are a good employer, very supportive of staff progression. The manager is a fair boss, strict at times. If they think we need something doing they get it done." Staff received supervision to support their role. These sessions included discussions about the staff training, support they may need or any other aspects which the staff member felt relevant to their role. One staff member said, "Support is always there and I have regular supervision."

The registered manager was aware of the demanding requirements of the role and how it could have an impact on the staff. They planned to hold some open sessions for staff to enable them to 'off-load' any concerns or worries including personal to give that additional support. Staff had other formal support networks available to them, for example, a 24-hour private counselling service.

The registered manager felt they were supported by the provider and their manager. They said, "I feel we have a voice and are listened to. We have lots of information and conference calls." They added, "The additional training has made such a difference. They never say no to trying new ideas." We saw the provider was aiming to achieve the National Autism Award and the home had received some initial assessments. One

recommendation was to use real pictures to support communication methods and we saw this was being introduced.

People and relatives had been encouraged to have a view of the care being provided. The registered manager told us they had an open communication approach. Relatives confirmed this and said they felt able to contact anytime.

The registered manager understood their responsibility around registration with us and confirmed they would send us notifications when significant events had occurred within the service; so that we could check appropriate action had been taken. One of the requirement is that the provider had displayed their rating at the home and on the website, we saw these were in place.

The registered manager ensured that people received the relevant support from other agencies as required. This incorporated working in partnership with a range of professionals and other organisations. We saw these links had a positive impact of the people and they all worked to reflect the right outcome for the individual.