

Voyage 1 Limited

87 Pinkneys Road

Inspection report

Pinkneys Green
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Berkshire
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Date of inspection visit:
29 June 2017

Date of publication:
19 July 2017

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

87 Pinkeys Road is a three-bed care home without nursing situated in a residential part of Maidenhead, Berkshire. It is part of a group of locations collectively called Voyage Care, classified by us as a 'corporate provider'. The service can accommodate three people with complex learning disabilities or autism spectrum disorder. At the time of our inspection, three people lived at the service. There are three bedrooms and communal living spaces on the ground floor.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Why the service is rated good:

People were protected against abuse or neglect. Staff understood what constituted poor care practice and ensured they supported people in the best possible way. Staff attended regular training that ensured their knowledge of safeguarding people was up-to-date. People had personalised assessments tailored to their specific living risks. The premises had appropriate maintenance to ensure that people do not sustain any harm. We saw sufficient staff were deployed to provide people's care. We found medicines were safely managed.

Staff received appropriate support from the management and provider to ensure their knowledge, skills and experience were appropriate for their roles. The service was compliant with the provision of the Mental Capacity Act 2005. 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. People received a varied, balanced diet and any risks of malnutrition were overseen in conjunction with a GP and dietitian. We saw people were supported to maintain good health.

Staff at 87 Pinkneys Road were caring. We found staff had detailed knowledge of people they supported. Staff were able to describe people's traits and personalities because they had supported them for long periods of time. People could not participate in care planning themselves, but staff worked with other healthcare professionals to ensure that support was suitable. People's privacy and dignity was respected.

People had detailed care plans which were regularly reviewed. We saw care plans contained detailed information relevant to each person. The service had an appropriate complaints system in place.

The service was well-led. There was a positive workplace culture and staff treated the service as people's home. Staff expressed they liked to work together, they worked well with the management, and enjoyed supporting people who used the service. We saw there were a range of checks by the management and provider to measure the safety and quality of care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

87 Pinkneys Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection.

This inspection took place on 29 June 2017 and was announced. We gave one day's notice to the registered manager to ensure they would be present during our inspection.

The inspection was carried out by one adult social care inspector.

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. We also reviewed previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked local authorities, clinical commissioning groups (CCGs), the fire authority and environmental health for information to aid planning of our inspection. We checked information held at Companies House, the Information Commissioner's Office and the Food Standards Agency.

At our inspection, we were unable to speak with people who used the service or any relatives. We spoke with the operations manager, the registered manager, the deputy manager, and three care workers. We observed care during the inspection and staff interaction with people who used the service.

We looked at all people's care records, three staff personnel files and other records about the safe management of the service.

Is the service safe?

Our findings

People could not tell us themselves whether the service was safe. We used other evidence to determine the rating.

People were protected from abuse and neglect. There was an appropriate policy in place for staff to read. Staff had access to contact information for the local authority, including who to contact after hours. The local authority safeguarding team reported to us they had no recent safeguarding allegations about people who used the service. Where any failing in care was identified, the operations manager and registered manager investigated this and took appropriate actions. Staff received regular training about safeguarding people at risk. We found staff had good knowledge of protecting people from harm.

We checked whether the premises were safe for people who used the service. People had individual bedrooms on the ground floor. Two people had ceiling hoists installed in their bedroom to ensure they could be safely moved in and out of bed. We saw a fire risk assessment from May 2017 and the provider had issued alerts prior to our inspection about fire safety. The local fire authority reported to us the service was compliant with fire safety legislation. The registered manager had the task of dealing with any actions from building risk assessments. We found these were completed or underway. We also checked the Legionella risk assessment and that periodic inspection of the lifting or hoisting equipment were completed. The management of risks from the building was satisfactory.

People's risks were well-assessed. Risk assessments we saw included moving and handling, eating and drinking, going into the community and those related to people's individual health conditions. These were detailed and contained appropriate information for staff to understand each person's individual risks. We saw the risk assessments were updated regularly. We noted that risk assessments were typed, but that staff recorded handwritten changes to the printed versions of the documents.

We recommend that the service updates care documentation contemporaneously.

There was sufficient staff deployment to meet people's needs. The number of staff needed was calculated using people's needs along with the funding provided by commissioners to support them at the service. We were told that there was some use of agency staff, although recruitment of new staff was ongoing and the provider's aim to ensure people had consistent care from regular staff. Shift vacancies were well-managed, as staff from another location managed by the provider could work across the two services.

People's medicines were safely handled. We saw medicines were correctly ordered, stored, administered and recorded. The service sought advice from the community pharmacist as needed and regular audits of medicines safety took place. We found stock counting of medicines occurred and were recorded. Staff checked each other's administration and recording of medicines to reduce errors.

We recommend that the service consults the community pharmacist about best practice with medicines administration records.

Is the service effective?

Our findings

People could not tell us themselves whether the service was effective. We used other evidence to determine the rating.

Staff received good support to enable them to have up-to-date knowledge and skills in care practices. New staff who had never worked in adult social care were required to complete Skills for Care's 'care certificate'. We saw evidence this was appropriately completed. Staff were also required to undertake a large range of mandatory training in topics such as fire safety, moving and handling, safeguarding people at risk and food safety. Staff were required to undertake the training at set intervals and the registered manager monitored staff completion rates. Staff also had regular one-to-one meetings with the management, which included discussions about the workers' performance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People who used the service did not have the ability to consent to care. Best-interest decisions were used instead to ensure that care was provided to people with the least amount of restriction. Where appropriate community healthcare professionals were included in the decision-making processes. We saw all three people had DoLS in place and there was appropriate documentation to support this. Some people had deputies appointed by the Court of Protection to manage their finances. The service did not have copies of the documents at the time of our inspection.

We recommend that the service ensures appropriate documentation is obtained from relevant decision-making bodies.

People had appropriate nutrition and hydration. This included malnutrition risk assessments, lists of people's food preferences and dislikes and access to a dietitian and speech and language therapists. People were weighed weekly to monitor weight loss or gain. Where sustained weight loss occurred, staff knew to encourage the person to eat small, frequent meals and how to increase calorie consumption. Staff described one person who had difficulty maintaining their weight and another person who was at risk of choking. They had acted on these issues to ensure effective care was delivered.

People had access to community healthcare professionals. Practitioners either visited the service or people were assisted by staff to visit local clinics. Staff had a good oversight of people's healthcare needs and ensured all appropriate documentation was acknowledged, acted upon and filed. We saw people's oral healthcare was particularly well-managed and documented. This ensured people were at less risk from dental issues.

Is the service caring?

Our findings

People could not tell us themselves whether the service was caring. We used other evidence to determine the rating.

We observed staff had a good professional relationship with the people they supported. Staff were able to easily tell us about people's personalities and preferences, what care they required and what they liked to do. We saw staff were kind, patient and attentive with people. Staff facilitated a relaxed environment at the service, and we saw they laughed and joked with the people they supported.

People who used the service were unable to express their views. However staff were aware of people's likes and dislikes and always took this into consideration when they provided support. For example, we noted staff knew what people liked to wear, what activities they preferred and what they liked or disliked eating. All three people had access to an advocate. An advocate is someone who acts impartially on behalf of someone else when they cannot make decisions for themselves. The advocate visited regularly to help with any decisions that were necessary and assist with reviews of care plans. People's social workers also attended the service regularly to ensure people's support was caring.

Relatives were not always able to participate in care planning or reviews. We noted that staff respected relative's opinions and facilitated their involvement as far as possible. One family liked to buy clothes for their loved one and staff supported this. The family also wanted regular e-mail updates about the person's care and we saw this was also completed.

People who lived at 87 Pinkneys Road had an active social life. The service had a minibus that was able to safely transport people to the local community. Staff told us people went to the local day centre four times a week to participate in various activities designed for them. Staff also explained that a massage therapist visited the service once a week. The massage therapist used essential oils and provided relaxation therapy to people. Staff felt that the three people enjoyed this. We saw throughout the service there were appropriate photographs and pictures of people engaged in activities. Since our last inspection, the Prime Minister had visited to see people and talk with staff.

People were treated with dignity and respect. We saw people were well-presented and appropriately dressed. Staff always called people by their name and asked them what they would like. People's privacy was also respected. We found staff closed doors when personal care occurred, and always knocked before they entered bedrooms or bathrooms. We saw people's bedrooms were individually decorated and personalised.

Is the service responsive?

Our findings

People could not tell us themselves whether the service was responsive. We used other evidence to determine the rating.

We looked at the care records for all three people who used the service. We found people's care was person-centred and not task-focussed. Each person had an individual support plan that contained personal details and background, their medical history and a range of documents that specified different aspects of care and support needs. Daily records were also recorded. For some people who were at risk, this included record of what the person had to eat or drink. We observed staff completed recording in these throughout our inspection. This demonstrated that accurate information was always kept at the time care was provided.

We saw in addition to support plans and daily records, people also had 'health action plans'. These are an easy-to-read document that belongs to the person who receives care. People's 'health action plans' we saw included how they liked to be supported, what their preference were and what to do if their health condition changed. Pictures were appropriately used within the document as an alternative method of communication. We found there was good information about people that could be used in the event the person had to go to a hospital. This helped external healthcare staff who did not know the person how they should be supported outside of the service.

We were told of an example of very responsive care by staff. A person had a condition which needed the support of other healthcare professionals. Staff were not satisfied that the correct advice was provided and decided to check with another clinician. When they did, they found that the person received the inappropriate care to treat their issue. When staff sought a second opinion, the person received the right treatment. This demonstrated staff could effectively advocate for people who used the service.

Staff explained that regardless of a person's disabilities, they were treated responsively. Staff explained one person was incontinent. Despite this, the staff told us they always took the person to the toilet anyway. Staff said this helped encourage the person to maintain their continence and also treated them as an individual who deserved the same care as anyone else.

We checked with local stakeholders whether they had any concerns about the service. They told us they were satisfied that people received appropriate care. We saw the service had an appropriate complaints policy from the provider. There was also appropriate signage and information for staff about how to report and manage complaints. A paper and online system was used to record complaints. The registered manager understood the correct process for the management of complaints. We were told they would be supported by the operations manager. There were no recent complaints recorded at the service at the time of our inspection.

Staff could also whistle-blow about the service or care. The provider used an external organisation that staff could contact if they had concerns they felt uncomfortable raising with the registered manager. Staff could remain anonymous if they wanted to. Staff we asked knew about the service and told us they would report

any concerns they had to the registered manager or operations manager.

Is the service well-led?

Our findings

People could not tell us themselves whether the service was well-led. We used other evidence to determine the rating.

The service must have a registered manager. At the time of our inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found 87 Pinkneys Road had a positive workplace culture. Staff expressed that they liked to work with each other and people they supported. We observed staff had a good team spirit, communicated well with each other and solved problems together. For example, on the day of our inspection the service's minibus needed an unexpected repair. Staff were observed to work out how they would manage the issue, what contingency would be put in place and who would take control. We observed staff explain to people that it was not possible to attend the day centre but alternative arrangements were made. This demonstrated that the staff worked collectively to support people.

Staff were involved in the management of the service. We saw evidence of regular team meetings. We looked at the minutes of the May 2017 staff meeting. The document showed staff discussed people's care and any issues arising, health and safety, infection control, training, incidents and accidents and vacancies for workers. There was evidence of consultation between the registered manager and the staff team. We saw a draft guideline was circulated about requesting annual leave and staff had the ability to contribute to the development of the process. Staff were also recognised by way of the 'team member of the month'. We were told the care worker received a certificate, chocolates and flowers as a token of their dedicated work.

The service used a number of tools and techniques to measure the quality and safety of care. We looked at all of the most recent audits and checks. An 'annual service review' was completed in October 2016. This was a survey for people who used the service, relatives, staff and other stakeholders. The survey focused on what was working well, and what required improvement. We saw that respondents stated there was an organised staff team, a homely environment, and someone to drive the minibus on each shift. We noted the survey recorded there should be access to more sensory equipment for people and new curtains in the communal lounge. When we asked the registered manager they told us more sensory equipment was gradually purchased and the lounge room curtains were replaced. This indicated management acted on areas for improvement.

We found quarterly audits were done by the registered manager, and once per year a manager from another service audited the quality of the care. These audits were set out in the same way as our 'five key questions' and linked to relevant regulations. Other audits included those from the provider's staff, such as the operations manager and the quality and compliance lead. We saw these included detailed checks, for example on people's personal finances and infection prevention and control.

A 'consolidated action plan' was used at the service. This tool was a central log where every action for identified improvements were recorded. This ensured that findings from various checks were always added and reviewed. We saw actions were recorded, had due by dates and staff members were assigned to them and once complete these were signed off and closed. Some improvements that required more time remained on hold until they were satisfactorily completed. The action plan we saw satisfactorily captured the actions required by the other audits completed and showed nearly all of them were completed. The registered manager was able to readily explain what each outstanding action was and what steps were being taken to address it. The action plan was a good way to keep a record of changes in the quality of the service over time.