

Voyage 1 Limited

# Parkbrook Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Parkbrook Lodge is a residential care home providing accommodation and personal care for up to ten people with a learning disability and autistic people. At the time of the inspection, nine people were living at the home, although one person was in hospital.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

People had a choice and control about living safely in their living environment. One person said, "I love it here. I love my bedroom." We saw how people had a choice of locking their bedrooms if they chose, for privacy and security reasons.

The service supported people to have the maximum possible choice, control and independence and they had control over their own lives. Relatives told us people were encouraged to take positive risks.

Staff supported people to make decisions following best practice in decision-making. Risks to decision making were explained in ways people could understand. One staff member told us, "We used a Widgit software system to communicate risks to people." A Widgit system uses symbol-based language or pictures instead of written words.

### Right Care

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. The provider ensured people's goals were risk assessed and people were supported safely. One person told us they enjoyed having a job. They said, "I have a job; it's important. I'm important." We saw a job description and risk assessment for this person. It detailed how they would be safely supported.

Relatives told us they felt people were safe and received the right amount of care and support. The manager

worked with disability groups to ensure the service received the most up to date information.

## Right Culture

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us how they would recognise pain, distress and discomfort in people who could not verbally communicate.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. We saw how people were included in regular meetings. Relatives told us they were regularly consulted and involved in reviews of support and care needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was good (published 04 April 2018).

## Why we inspected

We undertook this inspection to assess that the service is applying the principles of 'Right support Right care Right culture'. The inspection was prompted in part due to concerns received about the care and support people received. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this focused inspection and remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkbrook Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Parkbrook Lodge

## 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 Care Act 2014.

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

This inspection was carried out by one inspector.

#### Service and service type

Parkbrook Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to be registered with the Care Quality Commission. This means once they are registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke and communicated with five people who used the service. Three people verbally communicated their experiences. Two people who were unable to talk with us used different ways of communicating, including using Makaton, pictures, objects and their body language. We contacted seven relatives about their experience of the care provided. We spoke with eight members of staff, including the registered manager, senior care workers and care workers. We looked at two staff files in relation to safe recruitment. We reviewed two care plans and related health reports. We examined a variety of records relating to daily care practices, risk assessments and management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. A relative told us, "I feel [my family member] is very safe and well supported. If I have had any worries or concerns, I telephone or send an email. They [staff] come back to me quickly."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff told us how they could recognise pain and discomfort in people who could not communicate verbally.
- Staff received training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "I have had safeguarding training and would report any concerns to my manager straight away." Another staff member said, "There are whistle-blowing posters in the office. We can always approach the manager."
- The provider worked well with other agencies to keep people safe from harm. We saw records of collaboration with disability groups, health groups and the local authority showing how professionals worked together to ensure good outcomes for people.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe. One person told us about their job and how staff supported them safely. We saw this person's job description and risk assessment. Relatives told us people preferred to read using symbols and pictures. We saw a message on kitchen appliances highlighting risks and safe use using this system.
- The provider helped keep people safe through formal and informal sharing of information about risks. One staff member said, "I am always in constant communication with the other staff and family members. We regularly update risk assessments. We share any updates through meetings, handovers and we put prompts for staff to read the changes into the communication book."
- The living environment considered people's feelings of security. People had the choice of locking their bedroom door. We saw staff requesting permission to enter and waiting for the person to unlock their door. There were risk assessments and spare keys located in the office in case of emergency.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. There were environmental audits and equipment checks and these were regularly reviewed.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and

visits how and when they wanted. One person told us who their keyworker was and was pleased how they had chosen their own keyworker. One relative said, "Yes, there are certainly enough staff. They all know [my family member] really well. [My family member] is always talking about them."

- Staff recruitment and induction training processes promoted safety, including those for agency staff.
- Staff knew how to take into account people's individual needs, wishes and goals. Staff told us about people's goals and how they were intending to achieve them. One staff member said, "[Person] likes to make their own dinner. We are supporting them slowly and using their preferred communication method."
- The numbers and skills of staff matched the needs of people using the service. We reviewed rotas and training records and observed how there were enough suitably trained staff on duty to ensure safe care.

#### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. One staff member told us, "I have completed safe medication administration training. I had to do three different competencies before I was qualified to administer medication safely."
- The service had recently received an external quality auditing visit, where an improvement was identified to highlight allergies on the medication paperwork. We saw how this had been completed. This showed how the provider acted quickly when actions were identified to improve safe medication practices.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

#### Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The provider had good arrangements to keep premises clean and hygienic.
- The provider tested for infection in people using the service and staff. They also demonstrated a commitment to supporting people to receive the COVID-19 vaccine. One staff member told us how they had used pictures, signs and prompts to communicate the importance of receiving the vaccine with a person.
- The provider promoted safety through the layout of the premises and staff's hygiene practices.
- The provider prevented visitors from catching and spreading infections.
- The provider followed shielding and social distancing rules.
- The provider admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The provider made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The provider's infection prevention and control policy was up to date.
- The provider supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Learning lessons when things go wrong

- When things went wrong, staff apologised and gave people honest information and suitable support. One relative told us about a concern they had raised. They said, "[The manager] got back to me straight away, apologised, resolved my concern and reassured me. I have no worries whatsoever about the care."
- Staff reviewed all incidences of restraint and used these as learning within their restrictive interventions reduction programme. We saw how incidents were recorded onto a case management system and shared with others in order to learn from each incident.



- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. One staff member said, "I feel really confident to raise any concern. I know they will be taken seriously. I can discuss any incident or concern with the team openly."

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. One staff member said, "[Manager] is very approachable. They are a great role model. They are always leading by example. The residents think the manager is just great. The manager always puts the residents first."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One relative told us, "Staff are so committed. They involve me in all the decisions. [Manager] is an absolutely wonderful manager. We can ring at any time. [Manager] deserves their role."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. A staff member told us, "I would report any concerns to my manager straight away. The management are fantastic. They are so approachable. A wonderful management team."

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

- Staff gave honest information and suitable support, and applied the duty of candour where appropriate. One family member told us how they had worked closely with the staff team and their relative when addressing a health concern. They said, "If something isn't working the staff try their best to work it out with us and [my relative] together."
- The provider was open and honest when concerns were raised. One relative said, "[The manager] let me know there had been a complaint. We discussed it openly; it's resolved now."
- The provider apologised to people, and those important to them, when things went wrong. We read an email sent to a relative apologising for a recent mistake over attending an appointment on time.

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

- Staff delivered good quality support consistently. A relative told us, "Staff are so caring; I would not wish for a more dedicated team. [My family member] receives the support they need from a lovely team."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. One staff member said, "I enjoy my role; it is so rewarding. We agree small goals and use lots of praise to encourage people to do as much as possible." Another staff member said, "What do I like best? The people. It's their home they can do whatever they want to. We are here to support them to live their lives

however they choose."

- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. One relative told us how they had shown the staff team the preferred way their family member liked to communicate. We saw the staff members using this method. A staff member told us, "I tried conversation cards with [person] yesterday. These really helped them to communicate; they helped to develop and expand the conversation."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. We observed the feedback portal, where relatives could feedback and make suggestions. One relative had fed back positive praise for the staff team.
- Staff encouraged people to be involved in the development of the service. We observed minutes of residents' meetings where people were encouraged to make suggestions to improve the service. We observed people being involved in handovers and asked their opinions.

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements. The manager told us about future plans involving a vegetable plot and a sensory room. We saw how a room had been emptied and allocated as the sensory room.
- The provider kept up-to-date with national policy to inform improvements to the service. We saw information bulletins sent to the manager updating them on recent changes in disabilities newsletters.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The provider worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. One relative told us how the provider had engaged with a specialised health condition organisation and developed training for staff in this health condition. We saw communications between the specialised health condition organisation and the manager.
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service and the wider system. We saw how the manager engaged in management forum groups.
- The manager working closely with the local authority occupational therapy and disability teams to monitor and improve care and support.