

Voyage 1 Limited

Aqueduct 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

Acquaduct Rd is a residential care home for up to two people with learning disabilities and Autism. The home is a small converted house in a residential area.

At our last inspection 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.

The inspection took place on the 27 September 2018 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

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.

People were happy within the home and relaxed around staff they knew. Staff received safeguarding training and understood the signs of abuse, and systems were in place to guide them in reporting these. Staff understood people's individual health needs and how to support each person. There were sufficient staff available to meet people's needs and the registered manager supported staff in delivering care. Staff recruitment processes included background checks on the suitability of staff to work at the home. People received their medicines and checks were undertaken to ensure people received their medicines safely.

People were supported by staff that had access to training and guidance so that the care people received care based on best practice.

Staff were caring and promoted people's independence and people were able to maintain important relationships with family and friends. People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. Staff knew the people who lived at the home well and were able to support them to eat and drink.

People were treated with kindness by staff that knew and understood their needs well. People were encouraged to be as independent as possible. Staff understood what each person was able to manage for themselves and what they required support with.

The registered manager promoted an inclusive approach by involving people and staff in making decisions

about people's care. Staff worked as small team that involved the registered manager in delivering care. Staff felt able to speak with and discuss issues that were important about peoples' care with the registered manager. The registered manager had effective systems to monitor how care at the service was provided, to ensure people received quality care that was reviewed and updated regularly.

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 ●

Aqueduct 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.

This inspection took place on 27 September 2018 and was unannounced. There was one inspector in the inspection team.

As part of the inspection we looked at information we held about the service and we asked the local authority if they had any information to share with us about the home. The Local Authority is responsible for monitoring the quality and for funding some of the person's living at the home.

During our inspection we spoke to one person who lived at the home and used different methods to gather other people's experiences of what it was like to live at the home such as observations of staff interaction with the person. We also spoke to the registered manager and one member of staff.

We looked at records relating to the management of the service such as the care plans for two people, incident records, medicine management, staff meeting minutes and quality assurance records. We also received notifications the registered manager completed and sent into the CQC.

Is the service safe?

Our findings

At our last inspection in 2016 this service was rated as Good in Safe. At this inspection it continued to be rated as Good.

We saw people looked relaxed and at ease in the company of staff supporting them. We saw people look to staff for reassurance and were comfortable when staff were supporting them.

Staff understood to report their concerns to the management of the home as well as to the CQC if they had concerns about a person's safety or risk of harm. The registered manager explained their obligations as a registered manager in terms of reporting safeguarding concerns to the CQC and local authority. We reviewed notifications we had received and noted their appropriateness and that they had been completed in a timely manner.

Staff understood how to manage risks to people's health. People's risk assessments had been reviewed and updated regularly or there when there had been a change to their risks. Risk assessments provided detailed plans and the steps for staff to take to monitor and support the person to remain safe.

There were enough staff to meet people's needs. People were supported by staff when they required help or assistance. The registered manager told us people's needs were regularly assessed and staffing levels adjusted based on people's needs. For example, staffing levels had recently been amended based on a change in a person's needs.

People received their medicines safely. Medicines were stored and checked regularly to ensure the person had their medicines when needed. Staff told us regular checks by the registered manager were also undertaken to ensure people received the correct medicines and that staff were competent to support people. A pharmacist that provided the home with their medicines also undertook an annual check and highlighted any improvements needed to the home.

The registered provider had safe recruitment processes that included background checks that were completed before new staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks.

The home was odour free and free of clutter and staff supported people to keep the home clean and tidy. Staff understood the precautions to take in order to minimise the spread of infection by using protective gloves, alcohol gels and aprons throughout the day.

Any accidents and incidents were recorded in order to better understand people's behaviour. The registered manager explained how they recorded incidents in order that they could better manage people's behaviours and anxieties because they were able to identify triggers from having monitored incidents. Learning was then shared with staff so that people's care was adjusted. The registered manager explained they were currently reviewing one person's care in order to ensure the correct support was given.

Is the service effective?

Our findings

At our last inspection in 2016 this service was rated as Good in Effective. At this inspection it continued to be rated as Good.

People's needs were assessed and reviewed regularly so that outcomes for each person could be identified and worked towards. We saw from reading people's care plans and from speaking to staff that staff understood how to support the person to achieve their personal milestone. The registered manager explained they worked to best practice by working with external professionals when needed to provide the care the person needed.

Staff told us that training and guidance was given and supported with supervision meetings and team meetings. Staff explained they could speak with the registered manager at any time because they were often on shift with them. They told us this helped them because they knew the registered manager understood the people they were supporting also.

People enjoyed their meals and showed us where they kept their food in the kitchen and told us about the selection of food. Staff understood what people liked to eat and ensured they were offered healthy choices. People told us how they were supported to prepare the things they liked to eat. People received support to maintain their health and wellbeing and were supported to attend regular appointments with various healthcare professionals. Guidance from healthcare professionals was then shared with staff to ensure people's care was amended

People were surrounded by objects and items that were personal to them. People told us about the things that were important to them and we saw people referring to items that has personal significance to them.

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.

We saw people were involved in making decisions about their day to day care where this was appropriate.

Where decisions required a Best Interest decision on the person's behalf, family members and other involvement from other stakeholders, was sought. Staff understood what choices people required support with such as handling money and what decisions they were able to make for themselves. Staff encouraged people to make choices as far as possible for the person.

Is the service caring?

Our findings

At our last inspection in 2015 this service was rated as Good in Safe. At this inspection it continued to be rated as Good.

People were relaxed and enjoyed the company of staff. We saw staff reassure people and exchange warm exchanges such as hugs. People and staff shared affectionate conversations and people were happy to spend time with staff.

People were involved in making day to day decisions about their care. We saw staff include people in their conversations and speak to them about what they would like to do next, what they wanted to eat and about things that were important to them. Staff understood how each required reassurance to help reduce their anxiety and we saw staff provide this. We saw a person being supported to participate in an activity that helped them relax. Another person was keen to go out and staff supported the person to go out for the day.

We saw care staff demonstrate how they understood how to support people to maintain their dignity. We saw people being supported in ways that were individual to them and that staff understood. For example, staff understood which words might upset people and staff avoided using these. Staff also understood people's cultural and religious backgrounds and worked with them to achieve this. For example, one person observed a special diet whilst another chose not to have the same religiously prepared meat. Staff understood and respected people's choices.

Relatives were welcome to visit whenever they chose to. Staff explained how they supported people to maintain important relationships to them by working with families and understanding how visits to their family could be managed. Staff were also careful to allow people time to develop their relationships with family. For example, one person had recently reconnected with a family member and staff supported the person to help forge the relationship.

Is the service responsive?

Our findings

At our last inspection in 2016 this service was rated as Good in Safe. At this inspection it continued to be rated as Good.

People's care was planned and amended based on people's changing social and health needs. We saw people support was changed based on people's changing needs. For example, one person had become more independent and able to cope better with some tasks and their support was reduced.

People were involved in planning and selecting things of interest to them. One person at the home was planning a holiday and staff were supporting them to achieve this. People were supported to try different activities in order to identify what they liked, for example, one person now liked to go for pub lunches and staff supported to them to do this.

The home had also been reconfigured to meet people's individual needs. The registered manager told us about how they were working to make use of the sensory garden so that people could enjoy the space. They had also introduced a games room so that people could have access to games and support to use them. A trampoline had also been installed and people enjoyed using it looked happy and at ease.

The registered manager worked with staff to understand things that people would like and wanted to achieve. The registered manager explained how they had taken into account people's religious and cultural preferences and supported them accordingly. The registered manager also explained for one person, Key words from the language they had grown up with had been learnt to reassure the person when needed.

The registered manager told us they worked with families to understand if they had any issues or concerns. They explained that both people had been at the home for a long time and they chatted with people and used one to one time to understand if there were any issues bothering them. The registered manager explained family members had access to the complaints policy and any complaints would be shared with the registered provider also.

Is the service well-led?

Our findings

At our last inspection in February 2016 this service was rated as Good in Safe. At this inspection it continued to be rated as Good.

People looked relaxed and at ease around the registered manager, who they knew and felt comfortable chatting with. The registered manager spoke proudly of their work at the home and being part of the team and sharing the care work. The registered manager explained this help keep their understanding of people's care. Staff spoke warmly of the registered manager and felt part of a well-informed team.

There was a registered manager at the home who had been at the home for approximately a year. 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.

Staff understood the systems for checking people's care so that people received the support they needed. Staff told us they helped monitor people's care so that they could contribute to people's care plans and keep accurate records. The registered manager explained they regularly checked and updated people's care records and that the registered provider also undertook their own independent checks of the care plans to ensure people's experience of care was accurately reflected.

People and their families were involved in shaping care at the home. The registered provider told us they took into consideration people's personal circumstances and the amount of support the family were able to provide and worked together on that. One staff member told us staff all helped to contribute to people's care planning and the registered manager welcomed suggestions for things that could be done differently if they benefitted the person.

The staff and registered manager described how they worked with other stakeholders such as a Psychiatrists to improve people's care. The registered manager explained how they were working collaboratively with the psychiatrists to better understand a person's care needs and understand the level of support they required.