

# Voyage 1 Limited

# Peacock Hay

## 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:

Peacock Hay is a residential care home that was providing personal care to seven people who had a learning disability at the time of the inspection.

People's experience of using this service:

People were supported by safely recruited staff who had the skills and knowledge to provide support in line with their needs. People were supported safely by staff to manage their risks, whilst promoting their independence. People were supported in a clean environment and their medicines were managed safely.

Effective care planning was in place which guided staff to provide support that met people's diverse needs and in line with their preferences. 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.

Staff were kind and caring towards people and promoted choices in a way that people understood. People's right to privacy was upheld. People were supported to maintain their independence and encouraged to learn new skills.

People were involved in interests and hobbies that met their preferences. People and their relatives were involved in the planning and review of their care, which meant people were supported in line with their preferences. There was an effective complaints system in place.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. People, relatives and staff could approach the manager who acted on concerns raised to make improvements to people's care. Staff and the manager worked with other agencies to ensure people's health and wellbeing was maintained.

The service met the characteristics of Good in all areas; 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:

Good (report published 21 October 2016).

Why we inspected:

This was a planned inspection based on the rating of Good at the last inspection. We found the service continued to meet the characteristics of Good in all areas.

Follow up:

We will continue to monitor the service through the information we receive.

## 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 remained Good.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

# Peacock Hay

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Peacock Hay 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.

Peacock Hay accommodates up to seven people in one adapted building.

At the time of the inspection there was not a manager registered with the Care Quality Commission. There was a manager in place who was in the process of being registered. This means that 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:

The inspection was unannounced.

#### What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information and other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths. We contacted professionals to gain their views of the service provided.

People who used the service were unable to communicate their experiences of the service, so we observed care and support in communal areas to assess how people were supported by staff. We spoke with four relatives. We spoke with three members of staff and the manager.

We viewed two people's care records to confirm what we had observed and what staff had told us. We looked at how medicines were stored, administered and recorded for two people. We also looked at documents that showed how the home was managed which included training and induction records for staff employed at the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their relatives were safe and looked after at the service. One relative said, "I feel my relative is safe. The staff look after them well and my relative is happy to be there."
- People were safeguarded from the risk of abuse because staff understood how to recognise, and report suspected abuse.
- The registered manager had reported safeguarding concerns to the local safeguarding authority to ensure people were protected from the risk of harm.

Assessing risk, safety monitoring and management

- We saw staff supporting people in a safe way. For example; staff helped people to move about the service safely, whilst promoting their independence. People were encouraged to learn new skills using positive risk-taking strategies to ensure their safety was maintained.
- Staff knew people well and explained how they ensured people's risks were lowered to keep them safe.
- Risk assessments and support plans were in place, which were reviewed when people's needs changed. The records confirmed what we saw and what staff told us.

Staffing and recruitment

- We saw there were enough staff available who were deployed effectively to ensure people received support when they needed it. People were able to access the community when they chose because there were enough staff available.
- Relatives told us there were enough staff to meet their relative's needs. One relative said, "There are always plenty of staff about and [relative's name] is supported to go where they want, when they want."
- The provider followed safe recruitment practices to ensure people were supported by suitable staff.

Using medicines safely

- People received their medicines when they needed them, which were administered, recorded and stored safely.
- Staff told us they received medicine training and they were assessed regularly to ensure they were competent to administer medicines.
- Guidance was available for staff to follow when people needed 'as required' medicines, which ensured people received their medicines as prescribed.

Preventing and controlling infection

- The service was clean and free from odours.
- Staff followed the provider's infection control procedures which ensured people were protected from the risk of cross infection.

#### Learning lessons when things go wrong

- The registered manager analysed incidents that had occurred at the service. This ensured action had been taken to lower the risk further occurrences.
- Staff were informed of changes to people's support via handovers, staff meetings and supervisions, which ensured lessons were learnt when things went wrong.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in the menu planning and the preparation of their meals to promote their daily living skills. We observed people choosing their own breakfast and lunch, which met their preferences.
- People's nutritional needs were monitored and managed to ensure they received adequate food and drink which was prepared in a way that met their individual needs. For example; we saw staff prepare one person's food in a way that lowered their risk of choking.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals such as the G.P, consultants and occupational therapists. One relative said, "The staff help my relative to make and attend health appointments and keep me informed of any changes in their health."
- Staff followed advice received from health professionals, which ensured people's health and wellbeing was maintained.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. Support plans had been developed with people and their relatives which ensured their preferences and needs were met in all areas of their support.
- Staff understood people's diverse needs and explained how they supported people in all aspects of their lives.
- Records showed that where diverse needs had been identified such as disability, religion and sexual orientation the provider had followed the requirements of the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they started working at the service, which included shadowing and training. A relative we spoke with said, "The staff are knowledgeable, and they understand how my relative's condition affects them. This helps staff to support my relative in a way that makes them feel comfortable."
- Staff told us they had the opportunity to discuss their role and any areas of development during supervision sessions with their line manager.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us there was a handover meeting at the beginning and end of each shift. One staff member said, "Communication is the key to providing consistent support and our handover system is very detailed, so we know what has changed." This ensured that people received a consistent level of support from staff.



- Advice was gained from professionals, which we saw was followed by staff. This ensured people received effective support that met their changing needs.

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

- People were involved in the decoration and design of their bedrooms, which had been decorated in people's individual style and tastes.
- There was a sensory area within the service that people could access and the manager had started to introduce an outside sensory area for people.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seats and toilet seats with grab rails were in place to ensure people were safe whilst promoting their independence within the service.

#### 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People continued to be supported to have as much choice and control over their lives as possible. Relative's told us that people were involved and their choices were respected by staff.
- One relative told us they had been involved in mental capacity assessments and best interest decisions when their relatives lacked capacity to consent to certain areas of their care.
- DoLS in place were followed by staff and the manager to ensure people were supported in the least restrictive way possible.

# 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

Good: 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

- Relatives told us staff were caring when they provided support to their relatives. One relative said, "The staff have great respect for my relative and they have a good bond with the staff. They [staff] are all very caring." Another relative said, "The staff are all amazing. I can tell my relative is very happy as they are always smiling and happy to return after a visit with me. My relative is very fond of the staff."
- People were supported by staff in a caring and kind way. We observed caring interactions between people and staff. For example; people were comfortable in the presence of staff and were seen smiling when they were being supported by staff.

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

- People made choices in how they received their care. We saw staff spoke clearly and used individualised sign language to help people understand. This enabled people to be involved in their care and receive the support that they wanted.
- Staff had a good understanding of people's individual methods of communication and plans were in place to provide guidance.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative said, "The staff are very respectful and treat my relative in a dignified way." Another said, "The staff always treat my relative with the upmost dignity and respect."
- Staff supported people with personal care in privacy and respected people's wishes when they wanted to spend time in the privacy of their own rooms.
- People's independence was promoted by staff. For example; people were involved in daily living skills to enable them to be as independent as possible. One relative told us their relative was completing tasks that they had never done before. This relative said, "It is amazing to see how my relative's confidence has grown and they have become more independent as a result."
- The manager had started to implement the provider's new system to assess and promote people's independence and daily living skills. There was a log to be completed to show where people's independence had increased or where people needed support in specific areas to learn new skills.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to be involved in activities that met their preferences. People who used the service were unable to use verbal communication and staff encouraged people to choose activities that they wished to be involved in using individualised sign language and picture cards. We saw each person had an individual set of cards which showed places and activities that they liked and could choose to participate in.
- Relatives told us the staff supported their relatives to access the community and to be involved in the things their relatives enjoyed. We saw pictures of trips and outings people had been supported to attend.
- Staff were matched with people where they had a shared interest, which meant that this was a positive experience because staff were enthusiastic about the activities they supported people with.
- People and their relatives were involved in the planning and reviewing of their support. This ensured people were supported in line with their changing needs and wishes.
- Staff knew people well and supported people in line with their preferences. The support plans detailed people's preferences and diverse needs which were followed by staff.

Improving care quality in response to complaints or concerns

- There was complaints procedure available in a pictorial format to aid people's understanding. People had individualised pictorial cards which had different expressions, so they could show staff if they were unhappy and why.
- Relatives we spoke with understood who they needed to complain to if they had any concerns. One relative said, "We had a few minor issues, but these were sorted straight away when we raised them. The manager is very approachable."
- The provider had a complaints policy in place. At the time of the inspection there had been no formal complaints received at the service. However, there was a system in place to ensure complaints were investigated and responded to.

End of life care and support

- At the time of the inspection there was no one who was receiving end of life care. However, advance decisions had been sought to ensure people and their representatives were involved in and care was provided in their best interests at this time of their lives.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a quality assurance/quality improvement system in place. The manager carried out quarterly monitoring, the operational manager visited to check the systems were being followed and an internal quality and compliance visit was completed. Action plans were attached which showed any improvements needed and the timescales for completion.
- The manager was in the process of registering with us (CQC). The manager had submitted notifications to us as required by law, such as safeguarding concerns.
- The rating of the last inspection was on display within the service and on the provider's website.
- The provider had systems in place to ensure the manager was undertaking their role effectively and working in line with regulatory requirements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives felt able to approach the manager. We observed people approach the manager, who gave them their time and was able to communicate with people effectively.
- Relatives told us that the manager had contacted them by email to introduce themselves and had arranged a meeting to meet with relatives face to face. One relative said, "The new manager has some good ideas for the service, which I think will benefit people living there."
- Staff we spoke with were positive about the manager. One staff member said, "The manager is very good, and I am able to work with them to improve the service. We have a vision to be the best we can be and provide excellent care."
- The manager promoted the values of the service, which the staff followed in practice.

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

- Feedback was gained from people and relatives through questionnaires. A report was produced to show how the feedback had improved the service and relatives told us this was made available to them.
- Staff meetings were held regularly. One staff member said, "The staff meetings are really useful and an opportunity for us all to discuss any issues or suggestions we want to make."

Continuous learning and improving care

- Staff told us they had opportunities to undertake further development and the manager encouraged staff to develop in their role and outside of their role to develop within the organisation. This meant staff were

supported to continually develop their skills and knowledge.

- The manager showed us plans they had to make improvements to the service people received. These had not been fully implemented at the service but there was a plan in place to continually strive to provide an improved service for people.

Working in partnership with others

- The manager and staff worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.