

Voyage 1 Limited

Aykroyd Lodge

Inspection report

The Crescent
Reedley
Burnley
Lancashire
BB10 2LX

Tel: 01282449004

Website: www.voyagecare.com

Date of inspection visit:

24 October 2023

25 October 2023

Date of publication:

27 November 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aykroyd Lodge is a residential care home providing accommodation and personal care to up to 5 people with a learning disability. At the time of our inspection there were 3 people living at the home.

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

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.

Right Support

Risks to people's safety were not always managed and recorded well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice as capacity assessments and consent to care forms had not been reviewed or updated for a long period of time. We made a recommendation about this. Improvements were needed to the environment to ensure it was suitable for the people living at this service. There were enough skilled and experienced staff to safely care for people and recruitment processes were safe. We were assured IPC practices were safe. Staff supported people with their dietary requirements and to enjoy meaningful activities. Staff treated people with dignity and respect.

Right Care

Medicines were mostly being managed safely. However, we identified shortfalls in this area. We made a recommendation about this. People's needs were assessed prior to them starting to use the service. However, care plans required work to ensure they were person centred and reflective of people's current needs. We made a recommendation about this. Although nobody at the service was receiving end of life care, records identified people's advanced decisions. People were treated well, and their individuality was respected.

Right Culture

Governance systems were not always effective at improving the quality and safety of the service. Audits did not always identify concerns, and when concerns were found, there was limited evidence of what action was taken. There was a complaints procedure in place, but concerns were not always formally logged to identify trends and themes. Staff attended meetings and had regular supervisions. Staff were aware of their safeguarding responsibilities and felt comfortable raising concerns. People's communication needs were considered. Staff and relatives spoke positively of the manager.

For more details, please see the full report for Aykroyd Lodge which is on the CQC website at

Rating at last inspection

The last rating for this service was good (published 17 January 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to the risks of the health and safety of the people living at this service and good governance. We made recommendations in relation to medicines, consent, and care plans.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aykroyd 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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector.

Service and service type

Aykroyd Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Aykroyd Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since August 2023 and had submitted an application to register. We are currently assessing the application.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who uses the service and 1 relative about their experience of the care provided. We spoke with 7 staff including the manager, operations manager, deputy manager and care workers. We also observed how staff provided support for people to help us better understand their experiences of the care they received.

We had a tour of the building with the manager. We reviewed a range of records including records relating to medicines, staff recruitment, building maintenance, cleaning and equipment checks, accidents and incidents and safeguarding logs. We also looked at a variety of records relating to the management of the service including audits and policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning Lessons when things go wrong

- Risks to people were not always fully assessed or managed robustly. Whilst the manager was able to describe actions taken to manage risk, records did not reflect this.
- There were no falls risk assessments or skin care risk assessments in place, despite people being at risk in these areas.
- Where risk assessments were in place, they had not always been updated to reflect people's current needs. For example, when an accident or incident occurred, the relevant risk assessments were not always reviewed and updated to ensure people received the appropriate care and treatment.

The provider had failed to assess the risks to the health and safety of people receiving care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to this during the inspection process and ensured relevant risk assessments were in place.

- All required health and safety checks and certificates were in place and up to date.
- Emergency evacuation plans were in place which included the level of support each person needed in the event of a fire. Staff had knowledge of what to do in the event of a fire.

Using medicines safely

- Medicines were mostly managed safely. However, we did identify shortfalls in this area.
- Topical cream charts were not always in place to guide staff and when they were in place, it was not clear where the creams should be applied. Creams/ointments were not always dated when opened.
- Protocols were in place to guide staff on when to administer 'as required' medicines. However, they were not always detailed enough to indicate when people may need this medicine.

We recommended the provider reviews all topical cream charts and protocols to ensure they are up to date and can sufficiently guide staff.

The provider responded to this during the inspection and ensured the appropriate documentation was in place to guide staff on medication administration.

- Medicines administration records (MARs) reviewed were accurate and completed in full.

- Staff received training in medicines administration and managers completed regular competency checks.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse, harm and discrimination.
- There were policies in place to guide staff on safeguarding people from abuse and staff were aware of their responsibilities in this area.
- Staff felt confident reporting any concerns of abuse. One staff member said, "I would report any concerns to the manager, I am confident the manager will act on any concerns."
- A relative told us they felt their loved one was safe at Aykroyd Lodge. They said, "[Person using the service] is certainly safe."

Staffing and recruitment

- There were safe systems of staff recruitment in place. All required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- During our inspection, we observed sufficient staff were deployed to meet people's needs and people received support in an unrushed and timely manner.
- Staff told us there were enough staff deployed to meet people's needs. One said, "I think there is enough staff, there is always someone around to help."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection and control practices.
- The home had a good standard of cleanliness. However, parts of the service needed upgrading. This was part of the provider's ongoing action plan.
- Staff completed cleaning schedules and we saw evidence of infection control audits. There were plentiful supplies of PPE.

Visiting in care homes

- There were no restrictions on relatives visiting their loved ones and this was actively supported.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always meeting the requirements of the MCA. Capacity assessments and consent to care forms had not been reviewed or updated for a long period of time. This meant the provider could not be sure on people's ability to consent to the care and treatment they received.

We recommended the provider reviews all consent forms and capacity assessments to ensure they're up to date and relevant.

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

- Improvements needed to be made to the building, furnishings and decoration of this service. There was limited signage to aid people's orientation and the environment felt tired.
- The provider had an ongoing action plan to improve the environment and there was evidence of improvements being made during the inspection process. New sensory boards had been ordered which were to be placed around the home for people to use as they wished.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- People had their needs assessed before they started to live at Aykroyd Lodge.
- Care records included oral health assessments. These identified support people needed to maintain good

oral hygiene and promoted independence by identifying what people could do for themselves.

- Records showed people were supported to access a range of health care professionals.

Staff support: induction, training, skills and experience

- Staff received an induction, and training and support so they could carry out their role effectively.
- Various training courses were available to staff, to provide them with the skills and knowledge required to meet people's needs. Training compliance rates were high in most areas.
- Staff spoke positively of the induction process at Aykroyd Lodge. One said, "I think staff have appropriate training to care for people and new staff are closely monitored during the induction period as well as regular shadow shifts to ensure they know people well."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People's nutritional needs were met, and we observed people being offered a choice of what they would like to eat and drink.
- Staff understood people's individual needs, including the amount of support a person needed and type of diet people required. Staff took action to respond to any concerns in a person's diet with appropriate referrals to the speech and language therapist as required.
- Staff spoke positively of the food on offer. One said, "The food is great, the best choice, if people don't like what is on the menu, we can make something else."

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- People were treated well and their individuality was respected. The manager and staff knew people well.
- Staff spoke positively of the people they supported and of their role. One staff member said, "I love my job and everything about this place, the way they care for the service users is wonderful."
- Relatives spoke highly of the care their loved one received. One said, "The care is as good as it can get. [Person who uses the service] is happy."

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

- Staff provided people with choice and control in the way care was delivered.
- People were supported to make their own decisions where possible and staff encouraged independence. One staff member said, "We encourage people to do things for themselves to empower them."
- Care records indicated how people communicated and how staff could encourage them to be involved in decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke respectfully to people. We observed staff asking each person for their consent before care was given.
- People's privacy, dignity and independence was respected. Policies and procedures showed the service placed importance on protecting people's confidential information and this was stored securely.
- A relative told us they felt their loved one was treated with dignity.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always person centred as they did not contain sufficient information to guide staff on people's needs. When information was documented, it was clear it had not been reviewed for some time. This meant people's care plans may not have reflected their current needs.
- Plans detailing people's specific health conditions were not always in place to guide staff on what to do should their condition deteriorate.
- We saw evidence of people's likes/dislikes documented in their care plans. However, there was limited evidence of people's goals and ambitions for the future.

We recommended the provider reviews and updates all care plans to ensure they are reflective of people's current needs. The provider is looking into an electronic care planning system.

Improving care quality in response to complaints or concerns

- There was a system in place for managing and responding to complaints.
- The complaints procedure was in place and available should people and their relatives need it. However, when concerns were raised, they were not always formally logged, meaning it was difficult to spot trends and themes in this area.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were assessed and met, and information was available to people in different formats as required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities available to people and the manager had plans in place to further improve this area. Staff spoke positively of the activities in place and the improvements that had been made.
- There was a sensory room which provided stimulation and a relaxed atmosphere for people living at the

home. There was also a range of musical instruments available to keep people entertained.

- We witnessed positive interactions throughout the inspection process and choices being offered as to how people spent their time. Trips out into the community were frequent and the staff assessed whether people enjoyed them.
- Plans were in place which included people from another home in the group coming to Aykroyd Lodge for parties and events.

End of life care and support

- Nobody using the service was receiving end of life care. However, policies and procedures were in place and people's wishes for end of life care were identified where appropriate.
- Records included people's advanced decisions and their choices for their future.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance processes were not always effective at improving the quality and safety of the service.
- Auditing tools were in place. However, they did not always pick up on the concerns found during the inspection. Where concerns had been identified, there was little action taken to mitigate future risks.
- The provider had a range of audits in place, and it was clear the systems and processes of the service were being monitored. However, there was limited evidence of any action being taken when risks were found.
- Policies and procedures were in place to guide staff. However, they were not always being followed.

The provider had failed to operate effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were positive about working at Aykroyd Lodge and spoke in a caring and empathetic way about the people they supported. Staff spoke highly of the service people received. One said, "People are very much cared for, if it was my relative here, I would be really happy."
- Staff spoke about the importance of empowering people. One said, "We try to give active support rather than doing everything. This helps people do what they can for themselves and promotes their independence."
- Relatives spoke positively of the manager and described her as "approachable." Staff also spoke highly of the manager. One said, "[The manager] is easy to talk to and helps to sort out any problems."
- We saw evidence of staff meetings taking place and regular staff supervisions. Feedback was sought from relatives about their thoughts on the care their loved ones received. However, not many people had responded to this request for feedback.

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; Working in partnership with others

- We found evidence of learning being shared through handover documents and staff meetings.
- The provider had an improvement plan in place to improve the quality of the home and the care and support being delivered.

- Records confirmed the manager of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people that use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people receiving care and treatment.</p> <p>Regulation 12 (2) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to assess, monitor and improve the quality of the service.</p> <p>Regulation 17 (1) (2) (a) (b)</p>