

Voyage 1 Limited

Parkgate 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

The inspection took place on 16 and 19 November 2015. On the 16 November we arrived at the home unannounced. The registered manager did not have keys to allow us to access a filing cabinet which contained staff personnel files. We arranged to return on 19 November to view these files, this visit was announced.

Parkgate Road provides personal care and accommodation for up to five people who have physical and learning disabilities. At the time of our inspection there were five people living at the home.

There was a registered manager in post. 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 that the home provided a good level of care to the people who lived there and this was personalised to meet their individual needs. People and their relatives told us that they were happy with the care provided and had no concerns.

The staff at the home received training to meet the needs of people who lived there and training was reviewed regularly to ensure that staff had the knowledge and skills necessary to care for people. Pre-employment checks were completed for all new members of staff to ensure their suitability for the role. When new members of staff started they completed a three month induction to the service which included training to gain the skills needed to support people safely and effectively.

People were protected from abuse by staff who were trained to recognise signs of abuse and who understood how to report any concerns. Staff were also aware of the provider's whistleblowing policy to report any concerns if they believed people were at risk.

People were offered options of what they would like to eat in line with their dietary requirements and were involved in planning menus .

The home operated in accordance with the Mental Capacity Act 2005. Staff demonstrated a good understanding of the principles of this act and how to adhere to it within their daily work.

Staff formed positive relationships with the people who lived at the home and used people's preferred forms of communication to involve them in activities. Relatives and advocates were involved in decisions about the care people received and advocacy services were advertised within the home.

Activities at the home were planned in accordance with people's preferences and people were offered opportunities to choose what they would like to do each day. These options were presented in a way that was suitable for the individual to understand.

Quality audit checks were completed regularly to drive improvement within the service. People who lived at the home, relatives and other professionals were regularly requested to provide feedback about the service and actions were taken in response to suggestions made.

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 .

People who lived at the home, and their relatives, told us that they felt safe there. Recruitment checks were carried out on new staff to ensure that they were suitable to work with people living at Parkgate Road. There were sufficient numbers of staff to keep people safe.

Staff had a good understanding of how to protect people from abuse and how to report any concerns. Risks were regularly assessed and reviewed to protect people from harm. People received their medicines as prescribed.

Is the service effective?

Good ●

This service was effective.

Staff received training to ensure that they had the relevant skills and knowledge to support people at Parkgate Road. Staff had a good understanding of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. Consent was always sought from people before providing care. People were supported to eat a nutritional diet based on their needs and preferences.

Is the service caring?

Good ●

This service was caring.

Staff protected the privacy, dignity and confidentiality of people who used the service. Both people and their relatives were involved in decisions about the care provided.

Information was provided to people at Parkgate Road in ways they could understand.

Is the service responsive?

Good ●

This service was responsive.

People received care that was individualised in accordance with a person's needs and wishes. Activities were developed in line with people's interests.

People and relatives were aware how to raise complaints at Parkgate Road.

Is the service well-led?

Good ●

This service was well led.

Quality monitoring checks were completed regularly to help drive improvement within the service.

The registered manager welcomed suggestions to improve the service from people, staff and relatives and actions were taken in response to these.

Staff and relatives told us that they thought the home was well led.

Parkgate 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.

The inspection took place on 16 and 19 November 2015. On 16 November the visit was unannounced and on the 19 November it was announced.

The inspection team comprised of one inspector and one inspection manager.

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 used this information as part of the inspection process and found that it reflected our inspection findings.

Before the visit to the home we spoke with the local authority that funded the care for some of the people who lived there. This was to gain their feedback about the service provided. We spoke with three relatives and four health professionals who worked with the service for additional feedback. We spoke with the registered manager, provider's area manager and two care staff.

We looked at two care plans and three staff files which included supervision notes and recruitment information. We saw that all members of staff were up to date with their training and we looked at the training records for two staff members."

We looked at records of how information was communicated to staff in other shifts. We viewed the medication records of three people who lived at the home.

We looked at records of how the manager checked records and processes to ensure procedures were being followed correctly and that a high level of service was being delivered. We saw records of maintenance checks and certificates which showed that equipment was regularly serviced.

We looked at the accident and incident reports and we saw records of maintenance checks and certificates for serviced equipment.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

A person who lived at Parkgate Road told us "I feel safe here, if I have any concerns the staff will always be about to speak to."

We spoke with members of staff who demonstrated a good understanding of what constituted as abuse. A member of staff told us that if they encountered abuse they would, "Ensure the person was safe and then contact the manager to report the incident to safeguarding services." Staff told us they were aware of how to make a safeguarding referral to the local safeguarding team and stated the provider's safeguarding policy was easily accessible in the registered manager's office. This meant that if staff were unsure of how to address concerns they could read the policy to gain clarity on procedures.

We saw that in a communal area there was a poster displaying CQC's phone number which anyone with concerns for the care of people could use. Staff told us that they were aware of CQC's role in regulating services and that they were encouraged to raise any concerns. A member of staff told us, "If I was worried about the care people were getting I would speak to my manager or the area manager. If nothing was done about it, the whistle blowing policy is available. I would call to keep people safe."

The registered manager told us about one incident which had been referred to safeguarding. The registered manager explained that this was reported to the local Safeguarding team and a meeting was held with relatives of the individual after the event. The registered manager had also completed a notification to CQC to inform us of this incident and the actions taken. By taking these steps the registered manager was following the correct safeguarding procedures.

It was identified that the incident had occurred due to a lack of procedures in place for hand over between shifts. The registered manager stated that a new system was implemented immediately which involved a comprehensive, verbal and written hand over for each person who lived in the home. We looked at the hand over file which had been put in place following the safeguarding incident. The file had been completed at the end of each shift and included details about the physical and psychological health of people lived in the home, activities undertaken, a summary of food and drink the person had during the shift and of any referrals or appointments made. This showed that information was communicated between all staff members at the start of each shift in regards to the needs of people who lived at the home.

Care files contained information on risks associated with people's care. There were personalised risk assessments which were reviewed and updated regularly. One risk assessment identified that a person was at risk of developing skin damage as a result of being immobile in a wheelchair.

A referral to a tissue viability nurse had been made for advice on how to prevent the risk of the person developing any sore areas on their skin. A care plan had been devised in line with the advice provided that gave instructions to staff to ensure a pressure relieving cushion was in place and we saw that it was. Staff were able to tell us how they would check for any deterioration of skin tissue and what steps they would take to counter this. These steps included the use of prescribed creams and encouraging the individual to sit in chairs other than the wheelchair.

Staff told us they knew about risks associated with people's care. They told us that any changes in a person's behaviour or risk were recorded in the 'handover file' which was completed at the end of each shift. This ensured other staff were informed of any new risks and had the information they needed to respond to any risks to keep the person safe.

Personal emergency evacuation plans (PEEPs) were available for each person who lived in the home and these detailed how to move someone from the home in the event of the emergency. Staff knew where these plans were so they could access them in an emergency. One member of staff said, "The plans are in the office but we know everyone well enough to know how to move them and how to reassure them." Staff told us that they were aware of where they would move people to outside of the home in the case of an emergency. The PEEP's were accessible on the ground floor which would allow for emergency services to access them if it was necessary.

When we visited the home was clean and equipment and furnishings were in good condition. The registered manager showed us maintenance records that showed equipment in the home was regularly serviced and checked to make sure it was safe for people to use.

There were enough staff at the home to support people's care needs. One relative told us, "I have no issues with staffing, there is always a minimum of three members of staff at the home, more if people haven't gone out on trips."

We asked staff about how shifts were covered in the event of illness or holidays. One staff member told us, "There are enough of us [staff] to cover shifts when needed. We always have enough staff to look after people safely."

The registered manager told us that prior to being employed at the home, all staff were interviewed and a Disclosure and Barring Service (DBS) check was completed. The DBS enables organisations to make checks on potential employees against criminal record information in England and Wales. Potential employees were required to provide references from previous employers and provide forms of identification. These checks were completed by the registered manager to ensure that potential staff were suitable to work with people who lived in the home. We spoke to members of staff who confirmed that this process was followed for them before they started employment..

People told us they received their medicines as prescribed. One person told us, "I always receive my medication when I need it, the staff are very good at making sure it has been ordered from the doctor so I don't run out." We observed one person who lived at the home received one medicine in a gel form. A member of staff explained to the person what it was and assisted them by holding the spoon to guide it to their mouth. This demonstrated that staff took time to ensure people took their medication correctly and were informed in what they were doing.

Medicines were stored securely in a locked cabinet so that it was kept secure. Regular medication reviews were arranged for people with their GP to help ensure that all medication prescribed continued to be necessary and effective.

Some medicines had been prescribed on a PRN (as required) basis. We saw there were suitable arrangements for these to be managed appropriately. These included details of what the medication was for and what signs a person may show which would indicate that the medication was required. One member of staff explained that one PRN medicine was given to a person who lived in the home if they had three seizures within 24 hours which lasted over ten minutes each. Staff we spoke to were aware of when to administer this medication. Although the medication had not been needed recently at the time of the

inspection we could see from records that it had previously been administered appropriately.

Staff were able to explain to us what the medications each person was prescribed were for and potential side effects which could occur if a dose was missed.

Is the service effective?

Our findings

A person who lived at Parkgate Road told us that "Staff are really well trained, they know how to look after us really well." One member of staff told us they had attended training about autism. They told us, "The training was really good; it helped me understand how autism affects the senses and what I can do to make this easier for people I work with." The staff member went on to explain that they had used some of the techniques learned to help a person who lived at the home when they were showing signs of being stressed or anxious. The techniques included deep breathing and relaxation techniques as well as ways to help prevent the person feeling overwhelmed by sounds and visual stimuli. Staff demonstrated that they were suitably trained to effectively support the people who lived in the home.

We saw that staff always sought consent from people before assisting them with care. One person told us, "Staff always ask permission before doing anything to me." We saw signed consent forms in care files for people who had the capacity to give consent which reinforced what this person told us.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some of the people who lived at the home did not have capacity to make their own decisions. This meant that they needed support to make decisions. We were told that not all people who lived at the home had capacity and in these care files we saw documented best interest decisions which were reviewed regularly. These clearly stated what the person was able to make decisions about and for what they were not able to do.

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 were being met. When we asked staff about their understanding of the MCA they demonstrated a good understanding of the principles of the act. Staff told us "Capacity is not always the same, you can't assume that a person lacks capacity just because they did the last time you saw them," and "If a person doesn't have capacity to make decisions, you have to make sure that any decisions you make are in their best interest. If you are stopping someone from doing something or going somewhere, you need to make sure you are doing it in the least restrictive way possible." Another staff member said, "Sometimes someone might not be able to make big decisions or be able to go out shopping on their own but they can choose what they want to do or what they want to wear or what they want to eat. You make sure you give them those choices."

We saw where DoLS applications had been made, these included best interest decisions. We saw input in one DoLS from an advocate of the person who lived in the home. The DoLS applications were reviewed

regularly and this ensured that people's freedom was not being deprived unnecessarily. This showed that the home was following the correct procedures if a person's liberty was restricted.

People told us they liked the food and were given sufficient choices of meals and drinks. A person who lived at the home told us, "There is a menu available each week and we all choose what we would like on it, there is always an alternative choice." The registered manager told us that each person chose a meal they would like to be on the menu and these choices were used to develop a menu each week catering to individual tastes and dietary requirements.

We saw that people who needed support to eat and drink received appropriate support. We saw in a care plan that one person was at risk of choking and required a fork mashable diet. On the weekly menu we saw that options were made available to meet this dietary requirement. This person had been referred to and was working with the Speech and Language Team (SALT) so that staff knew which type of diet was required in order to keep the person safe.

We spoke to staff about what training they had received. They told us that they had received training which the provider considered to be essential to their roles. This included first aid, manual handling and safeguarding. Staff also told us that they were able to access additional training to meet their needs .

A health professional who worked with people who lived at the home told us, "The staff provide a very good quality of care." ? Another health professional told us that staff at the home made, "Appropriate and timely referrals" to health care professionals to ensure people's needs were met. We saw in the staff communication book that health care appointments had been made with GP's, hydrotherapists, aromatherapists, physiotherapists and Consultant Psychiatrists. This showed the home had strong links with a range of health professionals who were best suited to meeting the needs of the people who lived there.

The registered manager explained that they had arranged a meeting with different health professionals and the relatives of a person who lived in the home after they displayed behaviour which was unusual for them and which could compromise their dignity if no action was taken.

We spoke with a health professional who had attended the meeting who stated that following the meeting new medication had been prescribed to the person. This along with additional support from the staff in the home had resulted in a reduction in the behaviour and resulted in protecting the person's dignity.

We spoke to a relative of the individual, who stated that they were "very happy" with how staff had responded to this person's needs and commented that staff had been, "Very prompt in arranging additional support."

Is the service caring?

Our findings

People and relatives told us that the home was caring. A person who lived at Parkgate Road told us, "The best thing they do here is the way they include service users, they do a lot for people here but don't take away your independence." A relative told us "I love it, it's fantastic, the staff are exceptional in the care they give."

We observed staff speaking with people who lived in the home about their individual interests. They also helped people prepare to go on a day trip. Staff communicated with people in a way that they could understand and people demonstrated signs of happiness and excitement from the information they received.

Staff we spoke with were able to tell us about people's individual preferences, likes and dislikes and also had a good knowledge of their personal histories. This helped staff to provide care that was personalised.

A person who lived in the home told us they had been involved in completing their care plan and staff had supported them in gaining more independence. A staff member told us, "We're here to help people when they can't do it independently and over time we try to help them gain more independence."

Where people were unable to actively contribute to their care plans, relatives and advocates had been involved in planning their treatment. One relative told us, "I was asked my opinion for my relative's care and we review this regularly."

We observed when people returned from their day trip, staff offered them options of what they would like to do. One person was asked if they wanted to go to their bedroom but expressed a desire to go to the kitchen. They were assisted to do this and a chair was brought in for them to join in a discussion at the kitchen table. Another person expressed an interest in a book so a member of staff accompanied them to read this.

An advocate is a person who helps to make decisions in the best interest of a person. We saw a poster advertising an advocacy service in a communal area. When we looked at a person's care file, we saw that they accessed support from an advocacy service which demonstrated that people were supported to make decisions that were in their best interest.

One health professional spoke with us about staff at the home and that they, "Respect confidentiality at all times." We saw that confidential information was stored securely away from areas accessible to people who were not staff.

We were told by the registered manager that all new staff had a three month induction. They commented, "During this time staff complete training and learn the needs of the people who live at the home and how to support them." A member of staff told us they had worked alongside a more experienced member of staff so they could learn about people's individual preferences and how to support them. They told us, "During my induction I wasn't allowed to work on my own, I was always with another person. They taught me how to communicate with people who live here and what they like or don't like."

We saw that 'communication passports' were included in people's care files. These gave staff information about how to communicate with people using verbal and non-verbal cues.

We observed that staff used people's preferred method of communication to offer them choices in activities and what they would like to eat or drink. For example, one member of staff used sign language to ask if a person would like a snack and if they needed assistance to move onto a chair. This showed that staff had the skills to communicate effectively with people.

One relative told us that they were happy with how staff were able to manage their relative's behaviour in a way that maintained their dignity.

People who live at the home told us that they have no restrictions on having visitors. Relatives told us, "I can go at any time." Another relative told us that the home often assisted them in visiting their relative and that the staff "Go above and beyond" what you would expect them to.

Is the service responsive?

Our findings

A person who lived at Parkgate Road told us, "I can tell them how I want my care and what I want doing. They listen and do it how I want." People and relatives told us that the home was responsive to people's needs. One relative told us "It's not an institution; it's a happy family home." They went on to explain that the care provided by the staff was individualised to what their relative required. They commented, "They don't use a one size fits all approach, they do everything they can to make sure that people are happy and well cared for."

A member of staff told us, "Most people who live here have lived here for a long time so we get to know what they like and don't like. We will offer new things to try with them like going to 'Star City'. If they enjoy it we will do it again, if they don't then we will try different things."

The registered manager explained that every week people who lived at the home chose activities they wanted to do. This included activities and trips away from the home, group activities and one to one activities. People were offered various options depending on their abilities and interests. Some people could verbally request activities and others were given picture cards showing activities they could choose from.

One family member told us, "My relative loves to go swimming and enjoys having aromatherapy sessions and manicures, the staff do that regularly. They also like to go to a pub for lunch so this is done too." Another relative told us, "[Family member] likes cars, staff help them find models and go to look at cars whenever they want to." This showed that the home's staff made arrangements to ensure people's social and recreational care needs were met.

The registered manager told us that one person who lived in the home had recently had their funding to attend a day centre stopped. The registered manager explained that he had supported this person's relative to attend meetings with local funding providers about this decision. As a result of the meetings the person's funding had been reinstated. This demonstrated that the home responded to the needs of the people who live there and in this case supported the person to access an activity that they enjoyed and prevented social isolation.

The registered manager assessed people's needs before they came to live at the home, to ensure that their care and support needs could be met there. This enabled information to be gathered from them, their relatives and advocates about the person's individualised needs, their previous life experiences and their preferences. This information was used to develop care plans. These were used to help the transition of people moving to the home and to ensure they received the care and support they needed.

One relative told us "My relative has lived at Parkgate Road for [period of time]. They were so good right from before they moved in. I was worried about placing them into a home but I needn't have been. They did everything they could to make my relative happy and relaxed and now there is nowhere else I would want them to be."

People who lived at the home and relatives were aware of the provider's complaints policy. An easy read version was displayed in a communal area so that more people could access this information. A person who lived at the home told us "I'd speak to staff or the manager if I had any complaints but everything has been good." The registered manager told us that there was a complaints policy available for anyone who wanted it and a poster was displayed in a communal area informing people how to make a complaint. We saw that no complaints had been made in the previous year and we spoke to a relative who told us "I know there is a complaints policy but I've never needed to use it, I have no complaints."

A healthcare professional told us "I visit the home regularly and I have no concerns, if I did I would immediately speak to the manager or if necessary someone higher in the organisation."

Is the service well-led?

Our findings

Relatives were positive in their comments regarding the management of the home. One relative told us, "Everything is run beautifully, the house is always clean, my relative is immaculate, I can't fault them." Another relative told us "The manager sends me updates every week and contacts me immediately if there are any problems. I know I can contact them any time I need to."

Staff told us they were given opportunities to offer their suggestions and opinions on how to improve the service. They told us that a recent suggestion had been to take people who lived in the home to Star City (an entertainment complex). This had been arranged and had become a regular outing because the people who lived at the home enjoyed it. This demonstrated the registered manager had listened to their suggestions and acted upon them.

Another member of staff told us that the registered manager "is brilliant" and that since they had been employed at Parkgate Road they felt "Supported and confident to make suggestions to improve what we provide for people."

The registered manager told us that they were trying to improve how tasks were delegated to staff including providing them with more responsibilities to help them develop their skills. The registered manager stated they planned to do this by creating specific roles within the home for individual members of staff. The registered manager explained by allocating specific roles staff would be able to feel more organised.

The registered manager stated the provider was, "Very supportive of the changes they were making. They also told us the management team were always available if they needed them. The registered manager explained the home was audited by the provider's internal auditing team which checked the condition of the premises and equipment, the policies in place, medicine management and the care given by staff. This showed that the provider was keen to continue developing good practice whilst identifying areas for improvement.

The registered manager told us that quality satisfaction surveys were regularly sent to relatives of people who lived in the home to gain their feedback about the service provided. One relative told us "I've had surveys, they are very open to suggestions and they listen to our views. I've not had any recent suggestions but they have listened in the past." The relative went on to explain how Parkgate Road had used suggestions made to help improve the care for a person by accessing external services. This had resulted in the person being "calmer" and "happier". Another relative told us "They ask me all the time for feedback but I can't suggest any changes, it is run very well."

We saw the most recent audit report from the organisations quality assurance team which had two action points on it. One was for the GP to sign a medicine management policy and the second was for an assessment to be undertaken to assess the risk to people if medication was refused. Both of these action points had been completed within a month of the audit. This demonstrated the registered manager was committed to making the necessary improvements to maintain the quality of care and services provided.

The registered manager had a good understanding of their requirements to CQC and what he had to notify us of. In the previous 12 months the registered manager has sent notifications to CQC about safeguarding referrals and serious injuries