

Voyage 1 Limited

Parkgate Road

Inspection report

175a Parkgate Road
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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Parkgate Road is a residential care home providing personal care to 5 people at the time of the inspection. The service can support up to 5 younger adults with a learning disability or autistic spectrum disorder.

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:

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; the policies and systems in the service supported this practice. Some aspects of risk management required improvement. Action was taken to address this. Staff were recruited in line with the provider's procedure. People's medicines were managed safely.

Right care:

Staff did not always work in line with the providers policies and procedures. People received personalised care and their human rights were promoted and protected. People felt safe and staff understood their responsibilities to keep people safe. A relative and advocate had no concerns about people's safety. There were sufficient staff to provide people's care and to support.

Right culture:

The providers systems and processes used to monitor and improve the quality and safety of the service were not always effective and service oversight needed to be strengthened. People received care from staff they knew. Staff felt valued and supported by the registered manager who promoted an open culture within the home. The provider encouraged feedback about the service. Recent feedback showed good levels of service satisfaction. The management team and staff worked in partnership with other professionals to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 October 2018).

Why we inspected

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

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 175a Parkgate Road on our website at www.cqc.org.uk.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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 ●

Parkgate Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2008.

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

Parkgate Road 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. Parkgate Road 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from a local authority who work with the service. We used the information the provider had sent us within their annual Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We

used all this information to plan our inspection.

During the inspection

We spoke with 1 person to gather their experience of the care and support provided. We spent time observing the care and support people received in communal areas to help us understand the experiences of people who could not talk with us. We spoke with 4 staff including, the operations manager, the registered manager, a senior support worker and a support worker. We reviewed a range of records. This included 2 people's care and medicines records, 2 staff recruitment files, and records of the checks the provider and management team completed to assure themselves people received a safe, good quality service. We also spoke with a relative and 1 person's Advocate via the telephone to gather their experiences of the care and support provided. We also looked at quality assurance records.



Is the service safe?

Our findings

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

At 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

- Individual and environmental risk management required improvement. One person's risk assessment had not been updated to reflect changes in their care and support needs following their discharge from hospital in September 2023. Another person's records informed us they needed a minimum daily fluid intake of 1200 mls to reduce the risk of dehydration. However, a staff member told us that information was incorrect because the person was not at risk of dehydration. The registered manager confirmed this. Records were updated during the inspection.
- Environmental risk had not always been identified and assessed. For example, wardrobes in some people's bedrooms had not been secured to the wall. This put people at risk as the wardrobes could topple over and cause serious injuries. Furthermore, there was a risk unsecured items stored on top of wardrobes, for example a large suitcase, could cause injury should they fall. Following our inspection, the operations manager confirmed action had been taken to mitigate these risks.
- Other completed risk assessments, including fire safety, were detailed and up to date.
- Staff completed fire safety training and understood the action they needed to take in the event of an emergency to keep people safe.

Preventing and controlling infection

- We were somewhat assured that the provider's infection prevention and control policy was up to date. The providers policy reflected current best practice guidance to support staff to follow safe infection prevention and control practice. However, some staff did not work in line with the providers policy because they wore jewellery, nail varnish and had nail extensions which was an infection control risk. The operations manager told us they would address this.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Staff had not always completed night time cleaning schedules in line with the providers expectations. We saw some areas in the kitchen, the downstairs toilet and a bedroom were dirty. Action was planned to address this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

Visiting in care homes

- There were no visiting restrictions. A relative us they could visit when they chose and were always made to feel welcome.

Using medicines safely

- Medicines were stored, administered and disposed of safely.
- Medicine administration records confirmed people received the support they required to take their medicines as prescribed, including medicines prescribed 'as required'.
- Staff were trained and competent to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were safe. A relative told us, "I have absolutely no concerns in relation to [names] safety." When discussing people's safety with an advocate they said, " Oh yes, [name] is safe."
- Staff completed safeguarding training and understood their responsibilities to keep people safe. One staff told us, "Safeguarding in everyone's business. Any worries would be reported straight to the manager and would be sorted."
- The providers systems and processes protected people from the risk of abuse. The registered manager had reported safeguarding concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment

- During our inspection staffing levels ensured people were safe and their needs were met. When discussing staffing levels with a relative they said, "As far as I am concerned there has never been a problem with staffing levels."
- Staff agreed there were enough staff to meet people's needs. One staff member commented, "We are a long standing and stable team. That is really good. They [people] get consistency which is really important."
- Staff were recruited safely in line with the providers policy and procedures.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- The registered manager and staff team demonstrated a shared committed to learning lessons when things went wrong to improve outcomes for people. Accident and incidents were recorded and analysed to identify triggers or patterns to prevent recurrence.

- Staff told us any incidents were discussed to enable staff to reflect on what had happened, learn any lessons and reduce the risk of reoccurrence.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

- The provider's systems and processes to monitor and improve the quality and safety of the service were not always effective. For example, an internal quality and compliance audit, dated 25 April 2023, identified some areas of the home were dirty and needed to be cleaned. We found the same shortfalls.
- Provider and management level oversight of the service needed to be strengthened. Limited oversight meant some previously evidenced standards had not been maintained, including good infection prevention and control practices and risk management.
- This was the registered manager's first home manager role. They told us, "It's been a challenge, there is a lot to get my head around but the operation manager is really helpful. I have a lot to learn and I feel like I am learning every day."
- Staff felt supported and valued. Comments included, "[Registered manager] is amazing. She has a great understanding of the people we support and is a great leader," and "We talk openly in team meetings and supervision. Our thoughts and ideas are listened to."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People received person-centred care from staff who knew them well.
- Staff told us the registered manager led by example and promoted an inclusive culture where people mattered. A relative commented, "[Registered manager] is great. They worked their way up, know all the residents and really care about them. Communication is very good."
- The service had an improvement plan which was regularly reviewed and updated.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager understood their responsibility to be open and honest when things went wrong. An advocate commented, "[Registered manager] is very transparent and honest."
- The provider had sought feedback about the service from people, relatives, staff and professionals involved in people's care. The latest feedback showed good levels of service satisfaction. A relative described being 'very happy' with the service provided. They added, "[Name] is more than happy. I would know if they weren't."
- The registered manager and staff had developed positive working relationships with professionals and

non-professionals involved in people's care. An advocate commented, "The manager is very approachable. They are pro-active and make sure I am involved in all decision making."

- Throughout our inspection the operations manager and registered manager were open and honest and acknowledged our inspection findings. The operations manager said, "The things we haven't noticed that you have highlighted we can fix without delay."