

Voyage 1 Limited

Edith Road (Tregona)

Inspection report

3 Edith Road
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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:

- 3 Edith Road (Tregona) is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided. Both were looked at during this inspection. At the time of our inspection there were three people living in the service.
- The service supported people with learning disabilities who displayed behaviours which may challenge others. Staff did not wear anything that suggested they were care staff when coming and going with people.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

We received positive feedback about the service and the care people received. The service met the characteristics of Good in all areas.

- The service effectively applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service lived as full a life as possible and achieved the best possible outcomes, that include control, choice and independence.
- People experienced high quality care that was safe, effective, caring, responsive and well led.
- People's relatives, care managers and supporting health and social care professionals consistently provided positive feedback about all aspects of the care people received.
- People were supported by a small, consistent staff team who were kind, caring and inspired by their manager to deliver high quality, personalised care.
- People were protected from discrimination, neglect, avoidable harm, and abuse by staff.
- Staff ensured the human rights of people who lacked a voice, due to complex communication needs, were upheld and respected.
- Risks to people's safety had been identified and assessed. Staff followed people's risk management plans to keep them safe.
- Staff felt valued and respected by the management team and consistently demonstrated high levels of morale.
- Staff had the required skills to meet people's needs effectively, which led to good outcomes for people and promoted their quality of life.
- People's care plans were comprehensive, providing staff with the required information about their needs and how to meet them.
- The registered manager had worked effectively with local organisations, health and social care professionals and multi-disciplinary teams and was often the driving force to improve outcomes for people, through joined up care provision.

Rating at last inspection:

- At the last inspection on 29 November 2019 the service was rated good.

Why we inspected:

- This was a planned inspection of the service.

Follow up:

- We did not identify any concerns at this inspection. We will therefore continue our on-going monitoring of the service and all information we receive. We will use this information to determine when we next inspect the service.

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 safe.

Details are in our safe findings below.

Good 

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 responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Edith Road (Tregona)

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:

3 Edith Road (Tregona) is a "care home". People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, We looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. 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:

Before the inspection we looked at information we held about the service:

- We asked the provider to complete a Provider Information Return. This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed the notifications received since the last inspection.
- We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, the local fire authority and environmental health for information to aid the planning of our inspection.

During the inspection:

- We spoke with the registered manager, the deputy manager and six members of staff.
- We spoke with a visiting occupational therapist.
- We observed care and support people received in the shared areas of the home, including the preparation and consumption of lunch.
- We looked at three people's care records, five staff recruitment and training files, the provider's policies, procedures, quality assurance systems and other records demonstrating how the service was managed.

After the inspection site visit:

- We spoke with three relatives of people who use the service, including one court appointed deputy and six health and social care professionals. These included a care manager, a community pharmacist, a psychiatrist, a specialist nurse assessor, a community learning disability team nurse and a speech and language therapist. In this context a care manager is a social worker who is responsible for coordinating care for people. We also spoke with one person's appointed advocate who supported them to ensure their rights were protected.

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:

- People's relatives told us they felt their loved ones were safe. One relative told us, "We [family members] can now live without worrying what will happen to [loved one]. [Loved one] is in the best place, where staff really care and look after [loved one]." Another relative told us, "There are lots of regular staff who have been there a long time which means they know what care people need to keep them safe and what they like."
- People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse.
- Staff told us that whenever they had raised issues, the management team had listened to them and taken decisive action to resolve their concerns.
- Staff felt confident to raise concerns to the registered and deputy manager. One staff member said, "I would speak to the manager or yourselves [CQC] if I was worried and I know she [registered manager] would act immediately."
- The provider had worked effectively with other professionals and social services, to make sure people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been identified and plans provided staff with the necessary information and clear guidance to manage these risks safely.
- Staff could explain how they minimised risks to people's health and well-being. For example, the appropriate support people required to avoid falling, choking or pressure damage to their skin.
- Risk assessments were reviewed regularly with people's relatives and advocates, which ensured they were up to date and accurately reflected people's changing needs.
- Staff completed regular reviews of care plans and risk assessments, which ensured they were up to date and accurately reflected people's changing needs.
- Arrangements were in place to keep people safe in foreseeable emergencies.
- Fire systems and equipment were monitored and checked. Staff and people took part in regular safety drills. For example, an emergency evacuation procedure was completed in February 2019, to ensure staff knew how to evacuate people quickly and safely if required.

Staffing and recruitment:

- Relatives and professionals consistently told us people experienced good continuity and consistency of care from a small, consistent staff team, who knew people well.
- We reviewed the staff files of those recruited since our last inspection. The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.
- The registered manager completed a daily staffing allocation which ensured staff with the right mix of skills

were deployed to deliver care and support to meet people's needs safely. This was confirmed by rotas we reviewed.

Using medicines safely:

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff competency to administer medicines was assessed regularly by the registered manager, to ensure their practice was safe.
- Staff clearly understood their role and responsibilities in relation to each person's medicines.
- Staff had received additional training in relation to supporting people living with epilepsy. This included how to manage and administer their emergency medicines if required.
- Records demonstrated that people had received their medicines as prescribed, in a way they preferred, in line with their medicine management plans.
- Medicines management at the home was subject to audit by an external pharmacist. The pharmacist made positive comments regarding the safe management of medicines at the service, which were corroborated by their audit records.

Preventing and controlling infection:

- The service was clean, tidy and hygienic. Staff maintained cleaning schedules to demonstrate that daily, weekly and monthly tasks had been completed.
- Staff underwent relevant training in relation to infection control and food hygiene.
- We saw that staff followed the required standards of food safety and hygiene, when preparing or handling food. For example, when staff and people were preparing and sharing pizza for lunch, they had used proper hand-washing techniques..
- Staff had access to personal protective equipment, such as disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.

Learning lessons when things go wrong:

- All accidents and incidents were recorded and reviewed daily by the management team.
- Where reviews identified a need for additional action or learning to prevent a reoccurrence, this was arranged immediately and implemented as soon as reasonably practicable. For example, the registered manager quickly investigated and took appropriate action, in relation to an injury sustained by a staff member whilst supporting a person with an escalation in their behaviour which may challenge others.
- The registered manager listened to staff feedback and acted upon it to make sure people received safe care. For example, when people's changing needs required more staff or their supportive equipment to be changed. During our inspection, one person was being reassessed by an occupational therapist, regarding concerns raised by staff about equipment being used to support their mobility.

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.

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

- People's needs were fully assessed before receiving any care from the service. The registered manager met people, relatives and their care managers to ensure the provider had suitably skilled staff available to provide effective, personalised care to meet their needs.
- Since our last inspection, one person who had complex needs, urgently required alternative care provision within 24 hours. The advocate and care manager for this person praised the way the registered manager and staff helped them to settle into their new home at such short notice. This included deploying additional staff to ensure they were safe during the night.
- People's care and support plans considered all aspects of their lives, clearly setting out their needs and how they wished to be supported.
- A relative told us, "They [staff] are always reviewing [loved one's] needs and keep us updated and find out what we think. We don't really need them to tell us because we know they will only do what's best for them, but they always ask us."
- Staff developed care plans, which were tailored to meet people's individual needs. The registered manager and keyworkers reviewed care plans monthly.

Staff support: induction, training, skills and experience:

- Staff had been supported to develop and maintain the required knowledge, skills and experience to support people effectively and safely.
- Staff told us their training had fully prepared them to meet people's needs.
- Staff training was developed with supporting healthcare specialists and tailored to meet people's individual needs. For example, personalised support to meet their nutritional, communication and behavioural needs.
- The registered and deputy manager ensured that staff delivered care in practice in accordance with their training through a framework of formal and informal supervisions.
- Staff underwent a thorough two-week induction programme, which included periods getting to know the person and shadowing an experienced colleague.
- Staff told us they were motivated by the provider to learn and enhance their skill level. Staff and the management team were supported to complete nationally recognised qualifications relevant to their roles and the provision of health and social care.
- The registered manager effectively operated a system to monitor staff training, supervisions and appraisals, which was up to date at the time of inspection.
- Staff consistently told us they received regular supervision and spoke highly of the support they received from the registered and deputy manager. One staff member told us, "The managers are excellent, they're so approachable and friendly that you can speak to them about anything and they will listen to you."

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

- Staff ensured people received food and drink, according to their needs.
- We observed people were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- Staff knew how to refer people to other healthcare services if they had concerns. Staff worked well with other agencies, including social services, case managers, and healthcare professionals.
- Staff worked closely with healthcare professionals to ensure they had the required equipment to promote their safety, independence and meet their health needs.
- Healthcare specialists, including psychiatrists, psychologists, specialist learning disability nurses, physiotherapists, occupational therapists and speech and language therapists, consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs.
- Staff supported people to access ongoing healthcare by arranging appointments and attending with them.
- Daily tasking and coordination records ensured staff were allocated to ensure people were supported to attend these appointments.

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

- People's relatives and their representatives were involved in decisions about the premises and environment.
- The provider used equipment and technology to support the delivery of high-quality care and promote people's independence. For example, monitoring equipment to support and assess people with epilepsy.

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 this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

- 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.
- Staff understood the need to obtain consent. Throughout the inspection we saw care staff asking for people's consent and offering them choices and options.
- When people were thought to lack capacity, mental capacity assessments were completed, in line with legal guidance.
- Where people were deprived of their liberty to keep them safe, the provider applied to the local authority for authorisation to take such action, under the legal safeguards. One person had a representative appointed under these safeguards to ensure their human rights were protected. This representative praised the staff for their commitment to upholding and protecting the person's rights and ensuring any conditions were complied with.
- The registered manager organised and encouraged a multi-disciplinary approach, including family, advocates and healthcare professionals, to reach decisions in people's best interests, where they lacked capacity. For example, one person required multiple medical procedures to inform clinical decisions to be made by different healthcare professionals, which they would find too distressing. The registered manager

coordinated a process to arrange all of the required procedures to be completed by relevant healthcare professionals, whilst they were fully sedated in relation to a surgical dental procedure.

- People had access to advocacy services. One person was being supported by an advocate at the time of inspection. Staff had developed a positive relationship with the person's advocate. The role of an advocate is to offer independent support to those whose voice may not be heard, to ensure they are taken seriously and that their rights are respected. It is also to assist people to access and understand appropriate information and services.

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; equality and diversity:

- People living at Edith Road were unable to tell us about their experience of living at the home. However, family members, advocates, care managers and visiting health and social care professionals, overwhelmingly described the provision of support by staff to be exceedingly caring and compassionate.
- Relatives told us their loved one experienced good continuity and consistency of care from regular staff, with whom they shared a special bond.
- One relative said, "The staff are wonderful. You couldn't wish for more caring people to look after someone you love, when you can't manage anymore. It is a blessing when you find somewhere like Edith Road because it stops you worrying."
- Staff spoke with pride and fondness about people they supported and their achievements.
- Staff had completed equality and diversity training and knew how to care for people's emotional and spiritual wellbeing, in line with their wishes.
- The management team monitored staff practice during competency observations to ensure it was delivered in a kind and caring manner.
- Staff knew people's interests and preferences and supported them to access community activities of their choice, which enriched the quality of their lives.

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

- Representatives consistently told us they were fully involved in decisions about all aspects of people's care and support. One relative told us, "They [staff] always keep me abreast of things and if there are any changes. Even if there have been no real changes they ring us, to make sure we are okay. The whole team are really caring and it does make you feel like we're all in it together."

Respecting and promoting people's privacy, dignity and independence:

- Respect for privacy and dignity was embedded in the service culture so people's representatives and staff felt respected, listened to, and influential in the development of people's care.
- People received care and support from a regular staff team which helped to promote people's confidence and independence.
- A person's advocate told us the significant improvement in their ability to engage with staff and acquire life skills, such as making a hot drink, were 'amazing'. The advocate praised the registered manager and staff for promoting this person's independence and described their development as 'unprecedented'. A relative who frequently visited the service, told us they were impressed with the caring support everyone received at the home and recognised the significant advances made by this individual.
- Staff told us they had enough time to get to know people, which enabled them to understand people's care and support needs, wishes, choices and any associated risks.

- Staff treated people with dignity and respect, and maintained their privacy.
- Care plans contained detailed information to enable staff to respect and promote people's dignity.
- People's changing needs and current preferences were reflected in care plans, which were reviewed regularly.
- Staff consistently sought people's agreement before delivering any care, which we observed in practice.
- Staff described how they supported people to maintain their privacy. They told us they made sure doors and curtains were closed and people remained covered whilst staff supported them with their personal care.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

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:

- Staff planned and promoted high-quality, person-centred care to deliver good outcomes for people. This encompassed the physical, mental, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives and addressed their health needs promptly.
- For example, one person received support from the provider's psychologist and other healthcare professionals to address an escalation in behaviours which may challenge others. This led to a significant reduction in these behaviours and the person's prescribed medicines used to manage these behaviours. Due to these reductions the staff were in the process of planning a holiday with the person, which they had previously been unable to do.
- People's relatives, representatives, care managers and other supporting professionals consistently told us the responsive and inclusive support provided by staff had improved the quality of people's lives. One relative told us, "They [staff] are excellent at supporting [loved one] when she is anxious and agitated and now she is much calmer, happier and content."
- Staff supported people to take part in activities according to their wishes and abilities, which promoted their independence. For example, staff supported people to access local facilities and activity centres, which increased their sense of independence.
- People received personalised care which met their needs and enabled them to live as full and independent a life as possible. A person's advocate told us, "The person I support has very complex needs but what stands out at this home is the way the manager and staff have developed [named person's] independence."
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Staff had comprehensive knowledge about people's individual needs and their personal preferences, which we saw reflected in the delivery of their care and support.
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported. A relative told us, "The carers are very good at recognising when [their loved one] is in pain or discomfort and know what to do."
- Staff understood and applied the Accessible Information Standard. This standard requires service providers to ensure those people with a disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication.
- People and their representatives were enabled as much as possible to fully understand information about their care and treatment options. Staff told us how they identified and recorded people's communication needs and effectively shared them others. For example, when one person had developed a new gesture or facial expression to show they were happy or worried.
- Staff supported people to maintain relationships that matter to them, such as family, community and other social links. For example, staff arranged fortnightly visits for one person to see their relative, who lived at another home within the provider's care group. Staff encouraged social contact and supported people to

engage in activities which helped protect them from the risk of social isolation and loneliness.

Improving care quality in response to complaints or concerns:

- No formal complaints had been received since our last inspection
- People and their representatives were provided with a copy of the complaints procedure, which was available in an easy read format and displayed in a communal area.
- People's relatives and representatives were aware of the provider's complaints process and knew how to use it.
- The registered manager used concerns to drive improvements in the service.
- One relative told us, "I know how to complain but to be honest I can't believe we will have to. [The registered manager] is always talking to us and if there is ever anything that is on our minds we tell her and she either knows the answer or sorts it out straight away. The only thing that's not perfect is the building, it's an old bungalow but she has made so many improvements to create more space for everyone."
- People's advocates and care managers consistently told us the registered manager worked tirelessly to make improvements to improve the quality of people's lives.

End of life care and support:

- At the time of inspection, the service was not supporting anyone with end of life care.
- Relatives and representatives told us they were given the opportunity to discuss advanced decisions and their end of life wishes.
- The registered manager was in the process of consulting with people, their relatives, advocates, and supporting professionals to arrange best interest meetings to discuss and develop end of life care plans for people.

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.

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

- The registered manager and staff consistently placed people at the heart of their service and clearly demonstrated the caring values and ethos of the provider.
- The provider had embedded their values by representing them with caring 'superheroes', showing that people and staff were all superheroes in their own right. The provider's 'ETHOS' prioritised key values based on a consultation process with those using the service. For example, 'Empowering Emilia', 'Together Tim', 'Honest Helen', 'Outstanding Omar' and 'Supportive Sarah'.
- Staff told us the superheroes had made the values memorable and meaningful. We consistently observed the registered manager and staff delivering care and support in line with these values.
- The registered manager had cultivated an open, inclusive and empowering culture. They led by example and inspired their staff. Relatives, representatives, and health and social care professionals consistently described the registered manager as a good role model.
- People experienced high quality personalised care from a stable staff team who knew them well and were committed to ensuring they received individualised care.
- People's relatives and representatives trusted the provider and senior staff because they responded quickly if they contacted them. They consistently described the service as well managed and very organised.
- The registered manager understood their responsibility under the Duty of Candour, to be open and honest when things went wrong. For example, when medicine errors or accidents had occurred, they were dealt with in an open and transparent manner, in accordance with the provider's policies and procedures.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There was a clear management structure within the service.
- Rotas demonstrated there was always a designated manager available out of hours.
- The registered manager and staff clearly understood their individual roles and responsibilities, and how they needed to work together to achieve the best outcomes for people.
- The management team worked alongside staff and carried out competency observations to monitor quality and individual staff practice. This ensured people experienced a consistent level of support.
- Health and social care professionals consistently reported they had been impressed by the person-centred approach of the registered manager and staff.
- Commissioners of care consistently reported confidence in the provider's capability to deliver high quality care to meet people's complex needs.

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

- The management team spent meaningful time with people, their representatives and staff. This enabled them to seek their views on a regular basis and involve them in decisions about any changes. People's views were listened to and acted upon.
- Outstanding work by individuals was recognised in supervisions, team meetings and the service newsletter. One staff member told us, "The manager is brilliant and we all work together as a team. I just love it here. This is the best place I have ever worked. Everybody just wants the best for the guys. What I really love is when we all do things together."
- Staff consistently told us that the registered and deputy managers were highly visible, very approachable and actively encouraged them to raise concerns and particularly any ideas to improve the quality of people received.
- Quality assurance surveys were used to obtain the views of people, their relatives and staff about the standard of care. These surveys were overwhelmingly positive. Service improvement plans were developed to ensure action was taken to drive improvements.
- The provider had suitable arrangements to support the registered manager. For example, regular meetings, with the provider's area managers, which also formed part of their quality assurance process. The registered manager told us they had received effective support from the provider since their appointment.

Continuous learning and improving care:

- Staff recorded accidents and incidents, which were reviewed daily by the management team and provider. This ensured the registered manager and provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe. For example, by identifying risks and implementing preventative measures.
- The registered and deputy manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented. For example, positive behaviour management plans.

Working in partnership with others:

- Health and social care professionals consistently told us the provider and registered manager actively engaged in effective partnership working with multi-disciplinary teams.
- This ensured people were integrated into their local community and had their health and social care needs met.
- One commissioner of care told us they were highly impressed with the tenacity and resilience of the registered manager and staff, to support an individual with complex needs, when another service closed at short notice..
- People's relatives, advocates, care managers and supporting professionals consistently praised the registered manager, for often being the catalyst and driving force to deliver effective joined up partnership working across different organisations.