

Voyage 1 Limited

# 49 Stolford Rise

## Inspection report

49 Stolford Rise  
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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

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.

### About the service

49 Stolford Rise is a residential care home providing personal care to 2 people at the time of the inspection. The service can support up to 3 people.

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

**Right Support:** Staff supported people take part in activities and pursue their interests although ways to plan and review people's aspirations, goals and achievements could be strengthened. A programme of redecoration was due to commence which would be beneficial to people living in the service. People's health needs were met. People were supported to make their own decisions as far as possible. Staff understood people's communication needs and preferred ways of communicating. When things went wrong or incidents occurred, processes were followed to ensure these were recorded, followed up and lessons learned to reduce the risk of the same thing happening again.

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.

**Right Care:** People's needs were assessed and care plans contained up to date information. People received support from staff who were caring. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. There were enough staff to meet people's needs. Staff and people assessed the risks present in people's lives and kept these under review.

**Right Culture:** People were not always able to undertake their favourite activities due to a lack of equipment being available, but alternative activities took place. People received good quality care and support from staff who were trained in their roles. People were supported to spend time and keep in touch with people who were important to them. The registered manager and provider were committed to ensuring people achieved good outcomes. A range of quality assurance audits took place to monitor the quality and standards of service provision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for the service under the previous provider was good (published on 20 December 2017).

#### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 49 Stolford Rise on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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 ●

# 49 Stolford Rise

## 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

49 Stolford Rise 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. 49 Stolford Rise 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 a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We reviewed information we had received about the service since the new provider took over. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with 2 people and 1 relative of a person who lived in the service. We spoke to 6 staff which included the registered manager, operations manager, senior care staff and care staff. We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records and meeting minutes were reviewed.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse. Safeguarding processes were followed when needed.
- People were cared for safely. Staff received safeguarding training and information was available for staff to refer to.
- People told us they felt safe living in the service. One person smiled and gave a thumbs up when asked if they felt safe living there. Another responded, "Yes, I think so."

Assessing risk, safety monitoring and management

- Risks to people's care were managed safely. This included information about what people may become anxious or upset about and how staff should support people to avoid these situations arising as far as possible.
- People were supported to take risks in a safe way to support their independence and preferences. For example, to safely undertake hobbies such as karate and glass cutting and support people going out and about on their own. During the inspection an additional risk assessment was put in place to support a person's hobby which involved cutting glass.

Staffing and recruitment

- Recruitment processes were followed including pre-employment checks such as references and with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff who worked with people were employed by the provider and no agency staff were used. This meant people received support from staff who were consistent and familiar to them.
- There were enough staff to ensure people could receive the support they needed in the way they preferred.

Using medicines safely

- No prescribed medicines were used by people at the time of inspection.
- When people received medicines 'as needed', for example pain relief, processes and information to support the safe and suitable use of these was available and followed.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Visitors could attend the property without restriction, in line with government guidance.

#### Learning lessons when things go wrong

- Processes were in place for the recording and follow up of accidents and incidents. This included oversight by the registered manager and a separate head office compliance team.



# 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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The décor of the service was tired and in need of a refresh in many places. A programme of redecoration had been approved by the provider and was due to commence in the service. This included painting and renewal of flooring and furnishings. It also included new fixtures including a kitchen.
- People living in the service had individual lounge and bathrooms as well as communal areas to spend time in. On the day of inspection people did not give us permission to see their bedrooms, but we saw other areas of the property. Staff told us they supported people clean their rooms.

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

- People's needs were assessed and set out in their care plans.
- Care plans were clear and key aspects of a person's needs were considered. For example, personal care, nutrition, communication and social needs. People's individual characteristics under the Equality Act 2010 were taken into account.

Staff support: induction, training, skills and experience

- Staff received an induction when they started to work for the service. Staff who did not already have a Care Certificate undertook it. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff undertook a range of mandatory and refresher training to ensure they had the skills and knowledge for their roles. Training relevant to particular needs was also provided to staff. For example, sign language if people communicated non-verbally.
- Supervision sessions and appraisals took place with staff. This gave staff opportunities for one to one meetings with a member of the management team to talk about their roles and any support needed as well as development opportunities.

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

- People were supported to eat and drink enough to remain healthy. People were involved in menu planning, food shopping and meal preparation.

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

- Health action plans were used to record and monitor information about people's health. People attended healthcare appointments when needed. For example, we saw information about a recent annual health

check for a person.

- Hospital passports contained information about each person to be shared with medical staff in the event of a hospital admission. For example, contact information, allergies, communication preferences and learning needs. This helped ensure people received consistency in their care and provided medical staff with key information the person may not be able to say themselves.

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.

- DoLS applications were submitted appropriately when required.
- Staff worked in line with the principles of the Mental Capacity Act. People were supported to make their own choices and decisions.
- MCA assessments were undertaken and best interest decisions were made when needed in relation to specific decisions. For example, whether a person could safely manage their own finances.

# 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. 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

- Staff treated people well, with respect and kindness. We asked people if they liked the staff who worked in the service. One person told us they did, and 1 person gave us a thumbs up.
- People were supported to follow their cultural and religious needs. One person regularly went to church and this was included on their weekly activity planner.

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

- Care plans set out how people preferred to receive their care and their regular routines. People's care plans had been refreshed since the new provider took over the service.
- People made decisions about their day to day routines and preferences. This included how people wished to spend their time. The registered manager was keen to ensure people always had a range of choices and opportunities available to them, even if they decided they wanted to stay at home that day.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. For example, 1 person wanted to only receive support from male staff when they had a shower and this was set out in their care plan.
- People were always asked by staff if they could enter their bedrooms and lounges. Their decisions were respected. One staff member told us they had not been in 1 person's room at all as they had not received consent to do so. People had locks and keys for their rooms which they used when they wanted to.

# 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. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People did not always have the opportunity to fully pursue their interests due to the right equipment not always being available. For example, 1 person needed a shed outside for their favourite craft activity which involved use of a kiln. They could not do this activity as there was no suitable shed, the provider said this was still being looked into. They were able to pursue other craft activities in the meantime.
- Regular key worker sessions took place for each person living in the service but there was limited information to show meaningful planning, progress and review of people's aspirations, goals and achievements. The registered manager had already identified this as an area which required strengthening and was working on it with the staff team.
- People were supported to spend time with and communicate with people who were important to them. They were supported to spend their time doing a range of activities they wanted to at home and out and about in the community. One relative thought their family member used to do a broader range of activities before and the registered manager planned to follow up on this immediately with them.

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.

- People's communication needs were assessed and supported. Care plans contained clear information about how people preferred to communicate and the support they needed from staff to do so. For example, allow time for the person to answer, don't rush them and use simple terminology.
- When people used non verbal forms of communication, for example sign language, we saw staff and people communicate effectively together.
- Key information was available in Easy Read documentation to support people's understanding. For example, how to complain and safeguarding processes.

Improving care quality in response to complaints or concerns

- No complaints had been received since the provider took over this service. A complaints process was in place to be followed when needed.

End of life care and support

- At the time of inspection there was no requirement for end of life care.
- Opportunities to discuss end of life care was included as part of care planning and review processes and the registered manager planned to record this in people's care plans.

# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection a new provider had taken over the service. Planned improvements to the décor and fixtures were due to commence which would be beneficial to people living in the service.
- There were effective systems in place to monitor the quality and standards of the service. A range of quality assurance checks and audits were undertaken by the registered manager and provider.
- Policies were in place to support the operation of the service.
- The registered manager was aware of their regulatory responsibilities. This included submitting notifications to the CQC as required.

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

- The registered manager and provider were keen to ensure people received good quality care and achieved good outcomes. One staff member told us, "Management are really good. They are easy to approach, there's an open door policy. I feel I am being listened to and heard."
- Staff we spoke to enjoyed working at the service and found their roles rewarding. Staff told us there were some recent challenges within the staff team but they ensured this did not impact on the care and support people received.
- We saw people were relaxed throughout the inspection, and comfortable with staff.

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

- The manager was aware of their responsibility to keep people and their relatives informed of actions taken following incidents in line with the duty of candour. Records confirmed this happened.

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

- The service supported people with a range of abilities and equality characteristics. People, and their representatives where appropriate, were involved with their care and decision making, with the support of staff and other professionals where required.
- Surveys were used to gather feedback from relatives and other professionals who worked with the service. These were submitted directly to head office staff for review and used to drive improvements of the service.
- Team meetings took place regularly and minutes were shared with the staff team. These provided

opportunities to receive information and discuss relevant issues.

- The registered manager and provider were supportive of the inspection process and keen to take on board any recommendations of how to further improve the service for the benefit of people living there

Continuous learning and improving care

- The registered manager and provider had an ongoing action plan that they used to drive and monitor improvements to the service.
- Since the last inspection a new provider had taken over the service. Staff told us there were various changes to paperwork since the transition. One staff member also told us that staffing levels had improved under the new provider which was positive for people receiving support.