

# Voyage 1 Limited

## 50 Burton Road

### Inspection report

50 Burton Road  
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Date of inspection visit:  
13 February 2018

Date of publication:  
19 March 2018

### 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 inspected this service on 13 February 2018 and the inspection was unannounced. At our previous inspection in January 2016, the service received an overall rating of Good. At this inspection we found the service remained Good.

50 Burton Road is a care home located in Burton on Trent, Staffordshire and is owned by Voyage 1 Limited. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

50 Burton Road is registered to provide a care home service without nursing for up to six people with learning disabilities and associated conditions in two adapted buildings.

50 Burton Road met the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

50 Burton Road is a care home that comprises of two houses that are located next door to each other in Burton on Trent. There are three bedrooms in each house. There is an adjoining internal door from one house to the other. At the time of our inspection six people were using the service.

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. The registered manager oversaw the running of the home and was supported by a deputy manager, senior support workers and support workers.

People's individual needs were met as there was enough staff to support them. People were supported to keep safe and the staff understood their role in protecting them from the risk of harm. People were supported to take reasonable risks to enable them to live as independently as possible. To ensure people's safety was considered, environmental risks were assessed and managed. People were supported to take their prescribed medicine and systems were in place to ensure this was done safely. Checks were undertaken on staff prior to employment to establish that they were suitable to work with people. The service was kept clean and systems were in place to guide staff on the prevention and control of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and their representatives were involved in their care; which enabled them make decisions about how they wanted to receive support in their preferred way. People were supported to eat a balanced diet that met their preferences and assessed needs, and access healthcare services. People received coordinated support

to ensure their preferences and needs were met.

Staff knew people well and were considerate and caring towards them. People's privacy and dignity was respected and upheld by the staff team and people were supported to maintain relationships with those who were important to them.

People were supported develop and maintain interests and be part of their local community. The registered manager and staff team included people and their representatives in the planning of care. There were processes in place for people and their representatives to raise any concerns about the service provided.

A positive culture was in place and people and their representatives were consulted and involved in developing the service. Staff had a good understanding of their roles and responsibilities and were supported by the registered manager. The registered manager and provider understood their legal responsibilities with us and systems were in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

## 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 were supported to keep safe by staff that understood their responsibilities to report any concerns. Risks to people were minimised and they were supported to take their medicines in a safe way. Sufficient numbers of staff were employed through recruitment procedures that checked their suitability to work with people. Systems to manage infection control and hygiene standards were in place to enable the registered manager to take action when needed.

### Is the service effective?

Good ●

The service was effective.

People were supported by trained staff and their rights to make their own decisions were respected. People were supported to maintain a diet that met their requirements and preferences and their health was monitored to ensure any changing needs were met.

### Is the service caring?

Good ●

The service was caring

People's rights to make choices were promoted and they were treated as individuals. People's rights to privacy and dignity were valued and respected and they were supported to be as independent as possible and maintain relationships with people that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised support that met their preferences and were encouraged to develop their social

interests and be as independent as they could be. People were supported to share any concerns they had and these were addressed in a timely way.

**Is the service well-led?**

**Good** ●

The service was well led.

People and their representatives were consulted and involved in the running of the service. The registered manager understood their responsibilities and had resources available to them; including partnership working with other agencies that ensured people's needs were fully met. Systems were in place to monitor the quality and safety of the service and drive improvement.

# 50 Burton 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.

This comprehensive inspection took place on 13 February 2018 and was unannounced. The inspection visit was carried out by one inspector and a member of CQC's policy team.

The inspection was informed by information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used this to formulate our inspection plan.

The people who used the service were unable to express their views regarding the support they received. We therefore observed how staff interacted with them and spoke with two people's relatives by telephone following our inspection. We spoke with the registered manager, deputy manager, a senior care staff member and two care staff. We looked at three people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement, such as their quality monitoring audits.

## Is the service safe?

### Our findings

People were unable to express their views but our observations throughout the day demonstrated that people were relaxed with the staff that supported them. We saw that people were supported to walk around their home freely. Relatives told us they felt their relations were safe with the staff that supported them. One relative said, "I have no reason to think they aren't safe. They always seem happy with the staff and I would be able to tell if they weren't." Staff were clear on what constituted abuse or poor practice, and systems and processes were in place to protect people from the risk of harm. Staff knew how to recognise and report potential abuse to keep people safe from harm. One member of staff told us, "The people we support have very structured routines and the staff know how important it is to people that we support them to follow these routines. If we don't they become very anxious and upset. I would consider it a safeguarding matter if I saw any staff member not following a person's routine and would report this to the manager." There were safeguarding procedures in place and when needed, concerns had been raised by the registered manager and safeguarding referrals made. This was in line with the provider's procedures.

When people demonstrated behaviours that may put them or others at risk, the staff had received training on how to support them in the least restrictive way. Where incidents have occurred detailed records were in place to demonstrate the support the person received and these had been analysed to look at how the person could be supported to reduce these behaviours. For example, when one person's iPad that they used to access the internet had broken it caused them distress; they communicated their feelings through behaviours which put other people at risk. Actions had been taken to minimise this happening in the future. This included providing a second iPad which was being developed at the time of the inspection as a communication aid for the person. This demonstrated that the registered manager had taken action to ensure an alternative electronic aid was available to the person. The registered manager told us that following this incident, the amount of time the person has spent using their iPad had been reviewed. Over a period of time the staff had worked with this person to introduce other activities they enjoyed. This had broadened their experiences and reduced their dependency on using the iPad for internet access.

We saw that plans remained in place to respond to emergencies, such as personal emergency evacuation plans. The plans were updated at regular intervals and provided information on the level of support the person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's needs and provided staff with guidance on the support the person needed. The records showed that fire evacuation procedures were undertaken with people. One member of staff told us, "We practice fire evacuation with people every month so that they understand what they would have to do if there was a fire." This showed us the provider had proactive measures in place to minimise risks to people's safety. Records were in place, to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

The staffing levels were based upon each person's individual support needs. We saw throughout the day people were supported to go out as they wished. For example, one person was supported to visit their

relative and two other people undertook activities within the community with their staff support. A relative told us, "The staff do a lot with [Name] and they do things he enjoys doing. He is always out and about somewhere."

Staff confirmed the staffing levels were sufficient to meet everyone's needs. One member of staff told us, "There are enough staff to support people. Everyone has different activities and there are a lot of community ones as well. Everyone has their own timetable of activities; so the staffing levels are planned around these."

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

Medicines continued to be managed safely. We looked at how staff supported people to take their medicines. The provider had processes in place to receive, store, administer, and dispose of medicines safely. Staff told us they had undertaken training and received competency checks and records seen confirmed this. All of the people that used the service required staff support to take their medicine. Medicine administration records were kept and we saw that staff signed when people had taken their medicine and kept a running total of the balance after administration. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. We checked some medicines against the stock balance and they corresponded. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when 'as required' medicines should be given.

Staff supported people to keep their home clean and received training in infection control, food safety and the Control of Substances Hazardous to Health Regulations. This training sets out standards for the safe storage of hazardous substances like cleaning products in working environments. We saw that cleaning products were stored securely. A cleaning schedule was in place and staff were allocated tasks on a daily basis to ensure good hygiene standards were maintained. The deputy manager used this information to complete audits of infection control and health and safety to ensure any areas for improvement had been identified and action taken as required. We saw that all actions had been signed off as completed at the last audit.

We saw that continuous monitoring was in place to ensure accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the manager to look for any patterns or trends; to enable them to take action as needed.



# Is the service effective?

## Our findings

People's needs had been assessed before they moved into the service to ensure they could be met. Support plans had been developed from these initial assessments and reviewed to ensure the staff team continued to meet people's changing needs. As people were unable to comment on the support they received; a 'what is working well and not working well' form was used by staff to review each activity the person undertook based on the person's enjoyment of that activity. This enabled the staff team to plan a person's day with them based on their interests and preferences.

Relatives told us they were happy with the support their relation received from the staff team. One relative told us, "I think the staff are very good and they seem to know how to support [Name]. For example they know that they need to speak to him calmly, as the tone of someone's voice can make him anxious. I watch the staff with him and they seem to know this."

We saw that new staff without any previous experience in care completed the care certificate during their induction. The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high quality care. One member of staff recently employed told us, "As part of my induction I shadowed experienced staff in assisting people with their personal care and supporting people to college. I haven't had to do the care certificate as I have my diploma in health and social care but I have got an induction package. I have had one supervision so far and my induction book has dates for my next supervision where the manager will review what I have done. The manager and all the staff have been really supportive."

Staff continued to receive training to develop their skills and understanding. One member of staff told us, "We have some on line training and each topic includes a quiz at the end to check our understanding. We have classroom training as well for some training like MAPA." The MAPA accredited programme delivers comprehensive training that teaches management and intervention techniques to staff, to enable them to support people in a professional and safe manner.

Staff confirmed they received regular supervision and we saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff told us, "We have regular supervisions to discuss if we have concerns, our role and if we are meeting expectations any training due or needed. I find the manager is really good at facilitating my work life balance which is really important to me."

People were supported to choose their food and drink, and were assisted to consider a balanced diet. Meals were planned taking into account people's preferences and included specialist diets as required. We saw that people were supported by staff to purchase what they wanted to eat and prepare their meals. Since the last inspection a new kitchen was in place that enabled access to people that used the service. The previous kitchen design had meant that the kitchen had to be locked when not in use to ensure people's safety was maintained. The new kitchen had been designed with lockable cupboards that meant that restrictions to people had been reduced

Each person had a health action plan which provided staff with information about their health needs. A hospital passport was also in place that was used when people attended hospital appointments. These provided healthcare professionals with information about the person's health care needs, their method of communication and their capacity to understand and make decisions regarding their healthcare. The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way, such as the community learning disability team. This was to ensure people's needs were met and information was provided to them in an accessible format that met their communication needs. This included any support people needed with health care appointments. We saw that referrals were made when needed to healthcare professionals to assist people with their changing needs. People were routinely supported to see health care professionals such as dentists, doctors, opticians and chiropodists; to ensure they maintained good health. Relatives confirmed that they were supported to be involved in their relations healthcare appointments if they wished to. One relative told us, "We share health appointments with the staff. If we can support [Name] we do as I like to do this when I can. If I can't then the staff will do it and feed back to me." Another relative said, "The staff are good at letting me know if there are any health concerns; they keep me up to date."

50 Burton Road comprises of two domestic style houses with an adjoining internal door that had been adapted to ensure regulations were met such as fire safety; this included a fire alarm panel and fire fighting equipment to eliminate compartmental fires. All of the people were independently mobile and did not require any aids to support their mobility. People were enabled to communicate their needs and preferences through the use of assistive technology, pictorial information and Makaton sign language.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. The registered manager confirmed that all of the people that used the service lacked the capacity to make decisions and we saw that assessments were in place regarding the support each person needed in making specific decisions, such as managing their finances, taking their prescribed medicines and the daily support and supervision they received. Including accessing the community. All of the people had restrictions placed on them as they needed support for their safety. An application to lawfully restrict their liberty had been made and approved for everyone. One person's approval was due for review and we saw the relevant paperwork had been sent to the authorising body for this review to take place. Staff continued to support this person in their best interests whilst awaiting the outcome of their review. One person's approval included conditions and we saw that these had been met. Staff confirmed they were provided with training to support their understanding around the Act. We saw that people were supported as needed to make choices throughout the day, such as how they spent their time and what they wanted to eat and drink. Support plans seen demonstrated that people were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve.

# Is the service caring?

## Our findings

Although people were unable to verbally confirm they were happy at the service, we saw a positive and caring approach was provided by the staff team that enabled people to live a fulfilling life. For example we saw staff supporting people with their planned activities and sitting chatting with people.

We saw that staff communicated effectively with people. People's communication methods were recorded in their support plans, and alternative methods as well as written words were used to ensure information was accessible to people; such as the use of pictures, signs and gestures. This enhanced people's communication and understanding and supported them to be as independent as they could be, by enabling them to communicate their preferences and wishes. This supported people to be in control of their daily lives. For example digital menu with pictures were in place to support people's understanding on the choices available at the next meal. These choices were based on people's preferences.

Staff told us that Makaton was used. Makaton is a recognised sign language used by people with a learning disability. One member of staff said, "We have training coming up for a few staff that haven't done it yet. Most people that live here use some Makaton to communicate, [Name] can sign for biscuits, tea, good morning and toilet but they will often take you to what they want."

People were encouraged to maintain control over their lives and daily activities. People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us that two people were supported by independent advocate at the time of our inspection.

Staff had a good understanding of people's needs and we saw they supported them with dignity and respect. One person was unwell on the day of our inspection and we saw the member of staff supported them in a respectful and considerate way and rearranged the person's day to suit them.

People were supported to maintain relationships that were important to them. One relative told us, "Every month the staff bring [Name] over to see me. We all meet up and have a lovely time. Sometimes other family members come along as well. We have been to the park and the grandchildren have come along and had a game of football with [Name]. The staff member has joined in and included the grandchildren. We have some wonderful memories."

## Is the service responsive?

### Our findings

Staff demonstrated a good understanding of people's needs. For example people's sensitivity to sensory stimulus could affect their well-being and the staff were aware of this; and when needed supported them through activities and environments with low stimulus. On the day of the inspection one person due to being unwell had demonstrated some unsociable behaviours. The staff member supporting them told us, "We are supporting the person by creating a low stimulus environment and giving them some space until they feel a little better. Then we will follow their morning routine with them." We saw this worked well for the person as later on in the morning they decided to join us and spent time relaxing and following their usual routine which we saw was reflected in their care plan.

The registered manager and the staff team ensured people's social inclusion by promoting purposeful recreational and social opportunities. Each person had a daily activity plan that was based on their interests and choices. We saw that people were supported in meaningful engagement, and activities were structured in a way that supported their individual needs. For example two people were supported to attend a local college and we saw that people were supported to plan holidays of their choice and enhance their daily living skills. One person with staff support had developed skills in making their own drinks with limited support from staff.

We saw the provider ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Communication plans were in place within people's support files that provided detailed information on how people communicated their needs and preferences. We saw that people were enabled to make decisions regarding the support they received as staff ensured this information was provided in an accessible format for them, as reported under the caring domain.

We saw, and relatives confirmed that support plans were developed with the person and these were detailed, personalised and up to date. One relative told us, "They do keep me informed of any changes." Another relative said, "We visit regularly and are fully involved."

A complaints procedure was in place and this was included in the information given to people and their representatives when they started using the service. We saw a system was in place to record complaints received and the actions taken and outcome. One formal complaint had been received in the last 12 months and we saw that this had been addressed in a timely way and resolved. Staff told us they would report any concerns to the registered manager. We saw that systems were in place to record how people responded to daily activities to enable the staff team to adapt or change an activity to suit the person when needed. In this way the staff team advocated for people; to ensure their voices were heard and the support they received met their preferences.

None of the people that used the service were being supported with end of life care, therefore we have not reported on this at this inspection.

## Is the service well-led?

### Our findings

There was a registered manager in post who was clear on their responsibilities. They understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken. The current rating for the service was displayed at the service and on the provider's website in line with our requirements.

The relatives we spoke with gave positive feedback about the service provided to their relations. One relative told us, "I think it's a wonderful place. When [Name] goes on holiday or somewhere special the staff text me to let me know what they're doing. I don't ring [Name] because he wouldn't be able to have a conversation on the phone but it is great to be kept up to date with what he's doing." Another relative said, "All of the staff seem like a good bunch; they are all friendly and [Name] seems to like them all."

Staff were committed to promoting equality and supporting people to lead full lives. One member of staff told us, "We work with people to ensure they spend their time in the way they choose and support people to do as much for themselves as they can."

Staff had a good understanding of their role and responsibilities. The provider understood the importance of ensuring staff had the right skills and knowledge to support people to develop their life skills and promote their autonomy. Staff confirmed they had regular team meetings and the registered manager had assigned 'champion' roles to designated staff to promote this. For example we saw there were champions that promoted awareness in dignity, protecting people's finances, healthy eating and medicines management. A clear allocation of staff duties ensured that shifts were well organised and understood what was expected of them each day. We observed all designations of staff working well as a team. One member of staff told us, "The team work is very good here. We all work together to make sure people get the support they need and want."

The provider and registered manager gathered feedback to enhance the lives of people they supported and relatives we spoke to confirmed this. This included staff undertaking monthly key worker reviews and feedback from people's family and representatives regarding the management and running of the service. This was done through questionnaires and an annual service review where people's relatives and friends were invited to attend social events. The event in 2017 had been a festival organised by the provider.

Systems were in place through the provider's corporate tool to assess the service provided to people. Quality audits were undertaken each month by the registered manager. Any required improvements were listed on the 'consolidated action plan' and all staff were encouraged to take part in making any improvements. The plan was reviewed regularly along with the annual service development plan. The provider's quality team also undertook audits and we saw that any actions left were addressed by the registered manager. For example the improvements made following feedback from people included providing a staff on duty board so that people and any visitors could see who was supporting them.

Relatives had raised concerns regarding keyworkers not acknowledging emails and action had been taken to address this by setting up an email address for relatives to send in messages for keyworkers. Some professionals had commented that the service did not have a fax machine and one had been purchased to address this. We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them.

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The registered manager ensured that people received the relevant support from other agencies as required, such as the community learning disabilities team. This demonstrated they worked in partnership with other organisations.