

Voyage 1 Limited

# 9 Rosslyn Crescent

## Inspection report

9 Rosslyn Crescent  
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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

9 Rosslyn Crescent is a 'care home'. 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. 9 Rosslyn Crescent is a care home for four women with a learning disability located in the London Borough of Brent. The home is part of a national provider Voyage and a manager is registered with the Care Quality Commission.

At our last inspection on 26 November 2015 we rated the service Good.

At this inspection we found the service Good.

Staff demonstrated a good understanding of how to recognise and how to report any allegations of abuse. They told us that the registered manager would take any allegations of abuse seriously and deal with immediately. Risks to people in relation to their treatment or care, environment and equipment had been assessed and appropriate management plans were in place to mitigate such risks. Sufficient staff were deployed to ensure people's needs were met. The registered provider followed safe recruitment procedures to ensure staff employed was suitable to work with vulnerable people. Medicines were managed and administered safely. Appropriate infection control procedures ensured people were protected from the spreading of infections. Accidents and incidents were monitored and discussed during staff meetings to ensure lessons were learned.

Appropriate assessments of need ensured care or treatment were provided with people's requests, wishes and requirements in mind. Staff had the skills and knowledge to support people who used the service and were given the appropriate support to meet people's needs. People who used the service had access to a well-balanced and healthy diet. Where people required input from a medical practitioner this had been sought and people received the required support to eat and drink. If required, additional healthcare support was sought to improve people's health and wellbeing. People lived in a well maintained and nicely decorated homely environment. 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.

Relatives told us that people were treated with kindness and respect. Care staff we spoke with were observed to care for people by respecting their privacy, dignity and maintaining their independence. We observed people being asked to take part in activities and staff was able to read people's gestures and sounds to ensure people were heard and their view about taking part and making that decision was heard.

People's care was planned with people's individuality in mind and this was responsive to people's needs. People took part in a range of personalised and individual activities as well as in groups. People and relatives were encouraged to raise concerns, which were addressed and responded to appropriately by the registered manager. The home did not provide end of life care, but wishes in regards to serious illness and

funeral arrangements were discussed with people and their representatives.

Care staff understood the vision of the registered provider and told us that the registered manager was supportive and approachable. Appropriate and effective quality assurance systems ensured the quality of care was monitored and improvement was made where required. People who used the service, relatives and stakeholders were encouraged to comment on the quality of care provided and any suggestions were followed up and actioned by the registered manager. The service worked well in partnership with external stakeholders such as the local learning disability team and local commissioners.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# 9 Rosslyn Crescent

## 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 inspection took place on 30 November 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information that we had received about the service and any formal notifications that the service had sent to the Care Quality Commission (CQC)

We spoke with the registered manager, deputy manager and two care workers. People who used the service were not able to verbally communicate with us; we observed interactions between people and staff throughout our inspection. We spoke with one relative and contacted external health care professionals for feedback.

We looked at three care plans and care records, four staff employment and training records and other documented information related to the management of the service.

## Is the service safe?

### Our findings

One relative told us, "We [family] are very happy with the care. They [staff] look after [person's name] and make sure she is safe and well cared for." One of the care staff told us, "We ensure that people we support are safe, I had training and would always report anything to [manager's name]."

The service had robust safeguarding procedures and guidelines. Staff had received safeguarding adults training and demonstrated understanding in how to recognise, document and report abuse to the appropriate person and organisation. One of the care staff told us, "I would report abuse to the manager, but I can also contact the local authority, the police or CQC." This meant systems were in place to protect people who used the service from abuse and avoidable harm.

Risk assessments and risk management plans were part of people's care plans. This meant that if people had a specific need highlighted in the care plan a risk assessment was formulated to ensure the need was met and managed safely. For example, some people presented behaviours that challenge the service. The people had been assessed by a behaviour therapist who as a result of this assessment formulated a behaviour intervention plan together with the person and care staff.

Staffing numbers were based on the needs of people who used the service. Relatives told us, "There are always enough staff around when I visit." During the day two members of staff in addition to the registered manager were on duty. We observed during the day of our inspection, that all people attended and were offered activities and any requests by people using the service for help and support was met without delay. Staff told us, "Yes, we have enough staff and if we need more we will talk to [manager's name], she listens to us."

Medicines were managed and administered safely. Staff had received training in how to administer medicines and a competency assessment was carried out before staff was able to administer medicines. Medicines were administered by two care staff, one carrying out the administration the second staff member witnessing that the correct medicines was administered and to ensure that the person took and swallowed the medicines. The registered manager ensured that all medicines were audited regularly and stock levels of medicines were counted at the beginning of each shift. People who used the service regularly met with the appropriate health care professional to have their medicines reviewed. This ensured people received the appropriate medicines to meet their medical needs.

The home smelled fresh, was clean and appropriate infection control guidance was in place to ensure people were protected by the prevention and control of infection. Staff told us and we observed that they would wear gloves if they supported people with personal care. Toilets and bathrooms had paper towels and disinfectant soap and appropriate hand washing guidance displayed.

Accidents and incidents had been recorded and information collated by the registered manager to assess trends and establish if changes could be made from similar occurrences from happening. Staff told us that they would discuss incidents during team meetings; this was confirmed by minutes we viewed where

incidents formed part of the agenda. This meant that the service had systems in place to learn from and make improvements when things went wrong.

# Is the service effective?

## Our findings

One relative told us, "Staff and manager are very good, they do know what they are doing and have helped [relatives name] to do much more things. We [family] are grateful and happy that [person's name] is doing so well." Staff told us, "The manager and the team are very supportive and I have had a lot of training since I started."

People who used the service had received an assessment prior to being admitted. For example, one person who recently transferred from another service managed by the provider, had a detailed assessment carried out by the registered manager to see if Rosslyn Crescent was the appropriate home for the person to move into. We noted that one of the needs in regards to this person was behaviours that may challenge the service. In the assessment it was documented that the person needed more activities and appropriate specialist input to manage the behaviours. We saw in the persons care records that since being admitted the person took part in a number of activities and events. This resulted in an improvement in the person's behaviour. This showed that people's needs were assessed to ensure the service was able to meet people's needs.

Staff had access to online training which included training such as First Aid, Food Hygiene, Adult Protection, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and medicines administration. In addition to the online training staff had attended classroom based training such as manual handling and management of behaviours that challenge the service. Staff personnel records we viewed showed that staff received one to one supervision with the registered or deputy manager every two months and an annual appraisal. Staff told us, "The training is very good, I have learned a lot."

People had a choice of what they wanted to eat or drink. The menu was planned weekly using pictures for people to make their choice. The meals were freshly cooked by staff and people were encouraged by staff to take part in cooking activities. Where people required specialist support due to any medical conditions this was sought and appropriate guidance had been made available to ensure the person was safe.

The registered manager told us that the service had good relationships with health care professionals. In particular, the input the service received from the local learning disability team, which included psychiatrists, psychologist and speech and language therapist. The registered manager told us, "If I have any problem or need advice and can call [person's name] and she will always help."

The home was recently decorated and a new kitchen, bathroom and shower room were fitted. Any day to day maintenance issues were reported to the organisations maintenance department, which would send out a qualified person to carry out the repair.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people's capacity had been assessed and where appropriate safeguards had been put into place,

which were in people's best interest. Staff demonstrated good understanding of the principles of the MCA. One staff member told us, "I can't assume people are not able to make a decision just because they have a learning disability."

## Is the service caring?

### Our findings

One relative told us, "[Persons name] has the opportunity to live as an individual, is respected, her likes and dislikes are taken into account." We saw comments in the compliment book during our inspection made by visiting health and social care professionals as well as friends and relatives. These included, "Residents are very comfortable and well looked after" and "Staff are very friendly and eager to help, they inform me of what is happening and ask us if there is anything [person name] needs. Staff do care for my relative and all the other people."

We observed staff spending time with people, chatting with them and discussing what they did or wanted to do. Staff sat with people to do a manicure. The member of staff told us when we spoke with her. "Of course [person's name] likes her nails painted." We observed the person enjoying the manicure session and showing us the finished result when we left. People who used the service were supported to take part in celebrations relevant to their cultural heritage, for example one person regularly goes to the St Patricks day parade and another person was visiting the Notting Hill Carnival. This showed the service ensured people's diverse needs were met and people were supported to engage in activities appropriate to their cultural heritage.

Relatives told us that their opinion mattered and that they felt they were listened to. Relatives told us, "The home keeps me always updated and invites us to reviews." Another relative wrote in the compliments book that the home was currently working together with the family to enable the person to visit the family home. We observed staff asking people if they wanted support and explaining to people what they were about to do. This was seen to be done calmly, gently and showed that the person's opinion mattered.

We observed staff knocking on people's doors before entering people's bedrooms and closing bathroom doors to ensure people's privacy was maintained. Staff were clear about confidentiality and told us that they would not discuss individual people in front of others and only share personal information with people they were intended to share this with.

## Is the service responsive?

### Our findings

Comments made by health care professionals in the compliments book included, "It is a credit to staff for managing all so well," "It is positive to see staff look at activities" and "Any suggestions I made were followed up." One relative told us, "They will invite us to attend [person name] care review. I wasn't able to attend the last one and they sent me a copy to comment on."

Care plans viewed were detailed and included information about the person, how the person likes to be cared for, the person's medical needs, the person's communication needs, activities and goals planned for the future. We saw that care plans had been reviewed regularly together with the person, the person's social worker and any significant other. In addition to the annual review all care plan objectives had been reviewed by the person's key worker each month to ensure any changing needs could be responded to swiftly. Care plans were person centred and relevant to the person's needs, likes, dislikes and wishes.

Since our last inspection the service had introduced various new opportunities for people to take part in activities, these included a day centre, swimming and an annual holiday. These activities were in addition to activities such as art therapy, music therapy and aromatherapy. During the day of the inspection we saw people coming and going throughout the day. The home also supported people to practice their faith and were accompanied by staff to attend their chosen places of worship.

Relatives told us that they would raise any concerns with the registered manager or care staff. None of the people we spoke with raised any concerns or made any complaints. Since our last inspection the service had received two formal complaints, these had been investigated and dealt with by the registered manager.

The home did not have facilities to provide end of life care. However funeral arrangements had been discussed with people and appropriate arrangements had been put into place in the event of a person dying.

## Is the service well-led?

### Our findings

Staff and relatives spoke very highly of the registered manager. One relative told us, "[Managers name] is excellent; she always calls us and tells us if there is any news. She really cares for the people." Care staff told us "[Managers name] is very easy to talk to, I can come to her with anything, she will always take time to listen" and "We are a very good team here, this is a reflection of [manager's name]."

The registered manager was also registered to manage another local Voyage service, operated by the same provider. A deputy manager was employed at Rosslyn Crescent who acted on behalf of the registered manager in her absence. 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.

Staff were clear of the organisational vision to provide a fulfilling life for everybody they supported. They told us, "We are doing our best, to make the people we support happy."

Records showed that the service was transparent and reported any notifiable incidents to the CQC, these included accidents, allegations of abuse and other occurrences. Rather than not reporting the registered manager notified CQC of any incidents she judged were necessary to report, whether these were legally required to be reported or not. This meant the service was open, transparent and worked in partnership with the CQC to improve the life of people who used the service.

The provider had a robust quality assurance system in place; regular monitoring of care plans, medicines, environment and staffing ensured that any shortfalls could be dealt with as soon as possible. For example, we saw during the last quarterly audit it was highlighted that the fire evacuation plan had to be updated, this was completed in November 2017. This meant the provider ensured that the service was regularly monitored and quality of care was regularly reviewed and improved.

Staff had regular opportunities to contribute to the running of the service. Team meetings were held every two months. During the meetings the staff team and manager discussed issues such as Health and Safety, menu, infection control, safeguarding and changes in regulation. This meant staff were kept up to date and changes to the service can be made to improve quality of care.