

# Voyage 1 Limited

## 7 Kinch Grove

### Inspection report

7 Kinch Grove

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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**



#### Overall summary

We conducted an unannounced inspection of Kinch Grove on 30 April 2015. The service provides care and support for up to four people with learning disabilities. There were four people using the service when we visited.

At our last inspection on 14 February 2014, the service met the regulations inspected.

The service had 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.

Relatives told us they felt their relatives were safe at the home and safe with the staff that supported them. They told us that staff were patient, kind and respectful. They said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance.

# Summary of findings

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Medicines were administered, stored and disposed of safely.

Staff received training in understanding the principles of the Mental Capacity Act 2005 (MCA) and discussions in regards to consent were taking place during team-meetings and supervisions. Staff told us it was not right to make choices for people when they could make choices for themselves.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

Relatives told us staff listened to people and respected their choices and decisions.

Relatives and staff were positive about the registered manager and management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. The management took people's views into account in order to improve service delivery.

# Summary of findings

## 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. Relatives told us they felt that their relatives were safe at the home and with the staff who supported them.

Risks to people's safety had been identified and measures put in place to reduce these risks as far as possible.

There were enough staff at the home on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



### Is the service effective?

The service was effective. There were systems in place to provide staff with a wide range of relevant training. Staff received individual supervision sessions and annual appraisals.

People were supported to attend routine health checks, and there was evidence of attention to people's physical and mental health care needs.

The service supported people to eat a healthy diet and ensured that their nutritional needs were met.

Good



### Is the service caring?

The service was caring. We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good



### Is the service responsive?

The service was responsive. Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

Relatives told us they were happy to raise any concerns they had with the staff and management of the home.

Care plans included an up to date and detailed account of all aspects of people's care and recreational needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Good



### Is the service well-led?

The service was well-led. Relatives we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

Good



# Summary of findings

The service had a number of quality monitoring systems including surveys for people using the service, their relatives and other stakeholders. The registered manager took people's views into account in order to improve the service and care provided.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff had a clear understanding about the visions and values of the service.

# 7 Kinch Grove

## 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 checked 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.

We undertook this unannounced inspection of Kinch Grove on 30 April 2015.

Before our inspection we reviewed information we had about the provider, including notifications of any safeguarding concerns and incidents affecting the safety and wellbeing of people. We also spoke with a social care professional who had regular contact with the service.

This inspection was carried out by one inspector. We met with all four people who used the service. People could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with two staff, the registered manager, the operations manager and two relatives

We looked at three people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits and surveys.

# Is the service safe?

## Our findings

Relatives told us that people were safe at Kinch Grove. One person told us, “Yes it is a safe home; the staff make sure that nothing goes wrong.” Another relative said, “He is safe here, excellent place.”

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We saw training records that confirmed staff had received safeguarding adults training. However, we noted from the records that some staff required refresher training in safeguarding adults. The registered manager explained that staff were in the process of completing this. Staff we spoke with were able to identify different types of abuse that could occur. We asked staff what they would do if they suspected abuse. They said that they would directly report their concerns to the registered manager. Staff were aware that they could report their concerns to the local safeguarding authority. However, one member of staff was unaware that they could report their concerns to the Care Quality Commission.

There was a whistleblowing policy with contact numbers to report issues available for staff. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Relatives told us that people were not at risk and they were consulted about the risk assessments. One relative told us “They [staff] make sure that the lounge and bedroom has no clutter, so [name of person] can walk around easily. I remember during one meeting that we talked about a risk assessment.” We viewed risk assessments in people’s care plans. For example one person whose mobility had deteriorated had a falls assessments in place to ensure that the person can safely manoeuvre independently in the home. We observed staff supporting this person safely and in line with the risk assessment.

Care staff told us that they discussed risk to people who used the service and the environment during monthly team meetings. We discussed individual risks to people who used the service with the registered manager and were advised that the provider decided that some risks did not require a separate individual risk assessment. However we noted that one person who had visual impairments had no risk assessment. We asked the registered manager if this person was not at risk of tripping or falling and therefore

would require a risk assessment. The registered manager told us that this information was recorded in the persons care plan in section 3 “A typical Day”; we saw that information was in place advising staff to keep the home free of obstacles. Staff confirmed this during our discussions and we observed the person safely walking around in the home. During our inspection the registered manager and operations manager told us that they will review the risk assessment process and we were confident that the provider will be reviewing the risk assessment process and will re-introduce a more formal risk assessment process.

We looked at the staff duty rotas and the registered manager explained how staff were allocated on each shift. The registered manager told us staffing levels were assessed depending on people’s needs and occupancy levels. On the day of our inspection, the staff duty rota correctly reflected the number of staff that were on duty. We also observed that staff did not appear to be rushed and unable to complete their tasks. Through our discussions with staff, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. One member of staff told us, “Staffing numbers are ok. No problems.” Another said, “There are enough staff.”

There were recruitment and selection procedures in place to help ensure people were safe and not at risk of being looked after by unsuitable staff. We looked at the recruitment records for three staff and found that background checks for safer recruitment had been carried out. All three staff files contained two written references. Criminal records checks had been undertaken for all staff to ensure staff were not barred from working with children and vulnerable adults.

During our inspection, we saw arrangements were in place in relation to the recording and administration of medicines. We viewed a sample of people’s medicines administration records (MARs) and saw that these had been signed with no gaps in recording when medicines were given to a person. This showed people had received their medicines at the prescribed time. The home had appropriate arrangements in place in relation to obtaining medicines with the local pharmacy. We saw regular medicines audits had been carried out by the provider. Records showed that care staff had received medicines management training and medicines policies and

## Is the service safe?

procedures were in place. We noted that the service had appropriate medicine storage facilities in the staff office. The medicine cupboard was locked and was secure and safe.

The provider maintained an on-call system whereby the registered manager and senior support workers were available for support and guidance in the event of an emergency occurring outside office hours. There was a

clear policy for such issues and staff were aware of the procedure to follow in respect of this. Emergency procedures were clear and staff knew what to do in the event of an emergency. Evacuation plans were displayed throughout the service premises. Records documented regular fire drills and staff told us they knew what to do if they needed to evacuate.

# Is the service effective?

## Our findings

Staff had the knowledge and skills they needed to perform their roles. One relative told us, “The staff are alright. They listen and talk to people kindly.” Another relative visiting regularly told us they did not have any concerns about staff skills and knowledge at the service.

We spoke with the registered manager about the training arrangements for staff. Training records showed that staff had completed training in areas that helped them when supporting people living at Kinch Grove and these included emergency first aid, safeguarding, the Mental Capacity Act, infection control, medicine handling, food safety and managing challenging people. The registered manager kept an electronic training matrix to record what training staff had received and what was due. We saw that some staff required refresher training in some areas and spoke with the registered manager about this. She explained that staff were continuously updating their training and were in the process of completing refresher training. Staff we spoke with confirmed this. Staff told us they were happy with the training that they had received. One member of staff said, “The training has been good and useful. There is always refresher training.” We also saw evidence that staff received regular one to one refresher training sessions with the registered manager. During this session, the registered manager would discuss a specific area of care with care staff to ensure that staff understood the area and their responsibilities. For example, staff had recently had a refresher training discussion with their manager about the Mental Capacity Act.

We spoke with staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The registered manager explained that staff received six formal one to one in-depth supervisions in a year. During these supervisions they discussed training needs, performance and areas for improvement. We saw evidence that these supervisions took place and staff we spoke with confirmed this. Staff also received an annual appraisal in order to review their personal development and progress.

Staff received an induction and we saw evidence of this. Care staff told us that the induction had been beneficial. One member of staff said, “I had an induction. It was good. There were no problems.” Another member of staff told us, “The induction was helpful.”

We saw care plans contained information about people’s mental state and cognition. People who used the service were able to make their own choices and decisions about care and they were encouraged to do this through regular key worker sessions with staff. When speaking with the registered manager, she demonstrated clear understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that all staff had received MCA training. Staff we spoke with had some knowledge of the MCA and were aware that they should inform the registered manager of any concerns regarding the MCA. They were also aware of the importance of ensuring people were involved in decision making and where people were unable to make decisions, the importance of involving their relatives.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. The registered manager confirmed that applications have been submitted to the supervisory body and that people had a standard authorisation of DoLS in their file. We spoke with staff about DoLS and its impact and noted that one staff was unaware of DoLS. The registered manager confirmed that staff had DoLS training as part of the MCA training they received.

People received appropriate food and drink for their needs. People were asked for their preferred choice every weekend with the use of pictures, this enabled people who were not able to communicate verbally to choose their preferred meal. The registered manager explained that people enjoyed going out for lunch and we saw in people’s daily records that people go for a pub lunch every Friday. We saw that a record of people’s food intake was kept for each person and the registered manager explained that this enabled them to monitor people’s nutrition.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support. Care plans detailed records of appointments with care professionals.



# Is the service caring?

## Our findings

Relatives of people using the service were very positive. They said they had “excellent care there,” and their relative was “very happy here.” One person said “This is a very nice and caring place for my relative.” “They are really kind,” “The staff genuinely care for people,” “I can’t fault the care,” “They look after [my relative] very well,” and “A good team, easy to talk to, quite supportive.”

We observed sensitive and appropriate interactions between people using the service and staff. The registered manager and staff on duty demonstrated a good understanding of individual people’s preferences and a positive approach to supporting people. On the day of the visit we observed people being asked to choose a carpet for the communal areas.

Our observations showed that staff treated people with respect. Staff were polite to people, and encouraged them to be independent. Staff did not enter people’s rooms without their permission, and only discussed issues personal to them in private showing respect for their privacy.

People were encouraged to be independent. We observed people being offered drinks and snacks throughout the day

and staff had a good understanding of how people communicated by looking at their facial expressions, gestures or enabling people to lead them to what they chose.

Relatives and staff confirmed that they were involved in choosing the level of support that staff provided to them and this was recorded in their care plans and daily records. They told us that they were able to have their rooms decorated and personalised according to their own choice.

There was clear information about activities they preferred, their goals and support to maintain contact with their families and meet cultural or religious needs. We found that staff supported people to attend cultural and religious groups of their preference. People were supported in a wide range of interest and activities, from attending cinemas and restaurants to swimming and in-house activities.

Staff had undertaken training in equality and diversity and communication skills. Management advised that their role was to act as mentors to people using the service. Care staff told us that they enjoyed working at Kinch Grove and genuinely showed interest in people’s lives. For example on care staff told us “My first and foremost priority is to support the people and help them in what they want to do or achieve.”

# Is the service responsive?

## Our findings

Relatives told us that the service was responsive to people's needs and preferences. One person told us "The manager will always call us and update us of any changes and we are always invited to attend care plan review meetings" and "I feel that they listen to what the family has to say and are happy to make any changes if we suggest them."

We saw that the registered manager and staff responded appropriately to people's changing needs. For example, one person's mobility gradually deteriorated. We saw that this person's care plan had been updated to include information on how to manage this change. We were also told by the family that they were asked for their opinion.

The registered manager confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. However people had been living together for a long time and no

recent assessments had to be carried out. We viewed three people's care plans in detail. These plans covered all aspects of the person's personal, social and health care needs and reflected the care provided.

We saw that people could take part in recreational activities both inside and outside the home as well as take part in ordinary community activities. On the day of the inspection there were four people residing at the home. We observed staff sitting and chatting with them and asking how they enjoyed their day as well as making plans for the following day.

The home's complaints procedure, which was easy to understand and also included pictures, was on display. Relatives told us they had no complaints about the service but felt able to talk to staff or the management if they did. Staff told us that people were encouraged to raise any concerns with their key worker and at regular house meetings. We saw, from minutes of monthly meetings with people using the service, staff and the registered manager, that concerns and complaints were a standing agenda item as was reminding everyone of the way they could make a complaint.

# Is the service well-led?

## Our findings

Relatives told us “The manager has been working here for a long time we know her very well and she will always respond to our calls.” Another relative told us “The manager is very good; she has a good team of staff working at the home.” Staff were similarly positive about the registered manager “She is approachable, and has helped me in the past to sort out personal issues to perform better as a carer.” Another member of staff who recently moved from another service said to us “This is a good and strong team, everybody is very supportive.”

We found that the registered manager maintained a strong and visible presence within the home and actively encouraged feedback from people and staff and used this to make improvements to the home. We saw that meetings were held with people on a regular basis. We saw that their concerns or comments were noted and acted upon. For example, we saw that the recent summer holiday had been discussed and people chose where to go.

Staff told us that they attended regular staff meetings and found these meetings relaxed although, communication was focused and effective. Staff were encouraged to ask questions or offer comments or suggestions and individuals were listened to. This helped to ensure that there was an open and transparent culture within the home and meant that the engagement and involvement of staff was promoted within the home.

We observed that the registered manager was supportive of all of the staff and was readily available if staff needed any guidance or support. The registered manager ensured that staff had opportunities to continuously learn and develop, for example, one of the care workers we spoke with told us they were undertaking a competency based health and social care qualification. This helped to ensure that staff were able to carry out their duties effectively so that people received good care and support.

A range of systems were in place to monitor and improve quality and safety within the home. For example, health and safety checks, care plan audits and medicines audits. This helped to ensure that the registered provider was able to make effective changes to the quality of life of people who used the service.

The quality audits were undertaken to monitor the effectiveness of aspects of the home, including care documentation, nutrition, medicines and infection control. Health and safety audits were undertaken to identify any risks or concerns in relation to fire safety.

The provider sought feedback from people who used the service, relatives and staff through questionnaires which we saw were in people’s care files. We saw evidence that the provider had analysed the information gathered from the questionnaires. The feedback from the questionnaires was positive. Relatives confirmed they had been consulted about the quality of service provision.