

# Voyage 1 Limited

# Tentelow Lane

## Inspection report

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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

Tentelow Lane is a care home for up to eight adults who have a learning disability. Some people also have autism and some people have physical disabilities. The service is managed by Voyage 1 Limited, a national organisation providing care and support to people with learning and physical disabilities, autism and brain injury. At the time of the inspection eight people were living at the service. They had all lived there for many years.

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 and associated Regulations about how the service is run.

The service was rated Good at the last inspection, which took place on 14 April 2015.

This inspection took place on 18 April 2017. At this inspection we found the service remained Good.

Why the service is rated Good.

People living at the service were happy. They had good relationships with the staff, who were kind, caring and supportive. People were able to make choices about their lives and how they spent their time. Care was planned according to individual needs and the staff had a flexible approach which responded to how each person was feeling at any given time. The staff had a very good knowledge about people's needs and there were clear, detailed and up to date support plans. People were supported to stay healthy and were able to eat a variety of freshly prepared meals which reflected their choices.

People were able to make choices and these were respected. They were not restricted in any way. There was information for staff about how to support each person to make informed decisions about their lives.

There were enough staff to support people and to keep them safe. The staff felt supported and communicated well with each other. They were well trained and had access to a range of information about the service and people's needs. They also had opportunities to discuss their work both informally with the registered manager and formally in team and individual meetings.

The registered manager was accessible and worked closely with the staff providing support. There were good systems for organising and managing the service and for checking that people were happy and the service was safe. People living at the service, their representatives and the staff were invited to speak about how they felt, and they were listened to. People were involved in making decisions about how the service was run, for example, the recruitment of new staff.

People lived in a safe environment which met their needs. The risks they were exposed to were assessed and the staff took action to help keep people safe and protect them from harm. People received their medicines in a safe way and were able to speak to the registered manager and senior managers if they had any concerns or felt uncomfortable about anything. Their complaints were listened to and acted upon.

## 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 remains Good.

There were procedures designed to protect people from the risk of abuse and the staff had training and information about these.

The risks people were exposed to had been assessed and there were plans to keep them safe. There had been a reduction in the number of incidents where people challenged the service.

People received their medicines as prescribed and in a safe way.

There were checks on the environment to make sure this was safely maintained.

There were enough staff who were recruited in an appropriate way.

### Is the service effective?

Good ●

The service remains Good.

People were cared for by staff who were appropriately trained and supported.

The provider had worked within the principles of the Mental Capacity Act 2005, ensuring that people's capacity to make decisions had been assessed. People consented to their care and their freedoms were not restricted.

People's health care needs were assessed, monitored and met.

People were supported to make choices about the food they ate and their nutritional needs were met.

### Is the service caring?

Good ●

The service remains Good.

People were supported by staff who were kind, caring, polite, respectful and sensitive to their needs.

People's privacy and dignity were respected.

### Is the service responsive?

Good ●

The service remains Good.

People's needs were met. The staff recorded their needs in up to date and detailed support plans. These were regularly reviewed. The plans reflected people's individual preferences and wishes.

People had access to a range of social, educational and work activities which reflected their individual needs and preferences.

Complaints were taken seriously and acted upon.

### Is the service well-led?

Good ●

The service remains Good.

There was a positive atmosphere at the service which allowed people who lived there, their representatives and the staff to express their views.

There were systems to monitor the quality of the service.

# Tentelow Lane

## **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.

This was a comprehensive inspection carried out by one inspector. The inspection took place on 18 April 2017 and was unannounced.

Before the inspection we looked at all the information we held about the service. This included the last inspection report and notifications of significant events and safeguarding alerts. The registered manager had completed a Provider Information Return (PIR) on 1 March 2017. The PIR 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.

During the inspection visit we met and spoke with seven of the eight people who lived there. We also spoke with the registered manager, the regional operations manager and the other staff on duty who were senior support workers and support workers. We looked at the care records for three people who lived at the service. We also looked at the staff recruitment, training and support records for four members of staff, records of complaints, accidents and incidents and other records the provider used for monitoring and managing the services, such as audits. We looked at the environment. We checked how medicines were stored, administered, recorded and audited.

Following the inspection visit we spoke with five relatives of people who lived at the service by telephone to ask them what they thought about the service.

# Is the service safe?

## Our findings

People who lived at the service told us they felt safe there. Their relatives also told us people were safe. One relative commented, "[My relative] is very safe, I trust the staff, it is peace of mind having [them] there."

There were appropriate procedures for safeguarding people. The staff had been trained in these and demonstrated a good awareness of what they would do if they were concerned about people's safety. The registered manager had worked with the local authority to investigate concerns and keep people safe when there had been concerns.

The staff recorded all accidents and incidents. These included detailed analysis about why the incident had happened, what action had been taken at the time and what action had been taken to reduce the likelihood of reoccurrence. The registered manager and staff had a good knowledge of people's individual needs. The operations manager told us that the registered manager was always able to identify why incidents of aggression had happened because they knew the people who lived there so well. There had been a significant reduction in the incidents where people were challenging or aggressive towards the staff or others. The registered manager told us they thought this was due to the consistent approach of staff working together to anticipate and prevent such incidents. The support plans and risk assessments about people were clear and detailed. The staff followed these consistently and as a result were able to support people so that they felt safe and did not feel the need to express frustrations through aggression. The staff also had regular discussions about individual needs and how to support people. They worked together to analyse any incidents and discuss how to support people in a different way.

People received their medicines safely and as prescribed. The staff had received training in handling medicines and their competency in this area was assessed annually. Medicines were stored safely and records were accurately maintained. The staff carried out daily tablet counts and weekly and monthly audits of medicines. People's medicines were regularly reviewed.

The environment was safely maintained. The staff carried out regular and recorded checks on infection control, cleanliness, health and safety and fire safety. There was an up to date fire risk assessment and individual emergency evacuation plans for each person. There was also a contingency plan with the action the staff should take in a number of different emergency situations. There were checks from external companies for water, electricity and gas safety. One person was registered blind. The staff ensured the environment was hazard free and that furniture was not unnecessarily moved around so the person could move around the home safely.

The risks to people's wellbeing and safety had been assessed and recorded. Risk assessments included information about how to reduce the risk and minimise the likelihood of harm. These assessments were regularly reviewed and updated.

There were enough staff on duty and working at the service, although there were some vacancies which the

registered manager told us they were trying to recruit to. The permanent staff covered absences and vacancies and many of them had worked at the service for a long time, providing consistent and familiar support. The registered manager worked alongside the staff providing support to people as needed. There was a clear management structure with senior staff supporting and directing other workers.

There were suitable procedures for recruiting staff which included checks on their suitability. We saw evidence of these checks in the staff files we viewed.



## Is the service effective?

### Our findings

The staff were appropriately inducted and trained to work at the service. The staff undertook the training the provider considered mandatory and desirable. The registered manager checked that staff regularly updated their training. There was evidence that all staff had undertaken the required training and this was regularly updated.

The staff told us they had the information they needed to carry out their jobs and felt supported. There was evidence of good communication within the staff team. The staff had meetings to handover information when they changed over. They also recorded messages to each other and planned each shift. There were regular team meetings, which included discussions about people who lived at the service, safeguarding concerns, capacity of people to make decisions and opportunities for the staff to raise their own agenda items. Each member of staff had regular individual supervision meetings where they discussed their work and an annual appraisal with their line manager.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was working within the principles of the MCA and found they were. The staff had assessed each person's ability to make decisions about their lives. This included different areas of their care and support. Everyone living at the service at the time of the inspection had been assessed as having capacity to make choices about their daily care and support. People were free to leave the service if they wished and there were no restrictions on their freedom. The registered manager gave us an example about how a person had been supported to leave the home independently when they wished to go out for a drink. The staff had spoken with the venue where the person wished to go and made an arrangement so that the person was able to make this choice. Each person had a detailed communication profile which described how the staff should support them to make decisions. The profile included information about how, where and when to provide information in order to ensure the person had the best chance of understanding and making informed decisions. The registered manager told us that people did not have the capacity to make more complex decisions, such as about certain health interventions. There was information about who the staff should contact in order to make decisions in people's best interests. One relative confirmed that the staff had discussed a particular health intervention with them and that together they had made a decision, which they had discussed with the person and supported them to understand as far as possible.

The environment was suitable to meet people's needs. There was information for people about their activities, the staff on duty, menu choices and how to raise concerns on display in easy to read and pictorial formats. There were two kitchens which were used by people who lived at the service and were designed to be accessible. There were two communal lounges both with access to a large garden. Each person had their own bedroom which had been personalised and was decorated and furnished the way the person wanted.

People's health needs were assessed, monitored and met. There was evidence that the staff worked closely

with health care professionals to support people. Health care consultations were recorded and information from these was included in support plans. Each person had an up to date health action plan which outlined how specific needs would be met.

People were offered a range of varied and nutritional food. They told us that they chose what they wanted to eat and were involved in shopping and preparing food. The staff recorded the food people had eaten. Some people had special diets because of their religion, health needs and choices. These diets were catered for. Each month, people discussed any changes they wanted to the food offered as part of their keyworking meeting. The staff had made referrals to relevant health care professionals when there had been concerns about people's weight or nutritional risk.

## Is the service caring?

### Our findings

People who lived at the service told us they had good relationships with the staff. They said that they were kind, polite and caring. One person said, "I am very happy, the staff are very kind."

We observed that there was a positive atmosphere at the service. The staff and registered manager shared jokes with people who lived there. There was friendly banter and a genuinely caring way in which people spoke with each other. The staff used Makaton (a type of sign language) when communicating with some people, including one person who was deaf. The other people who lived at the home also acted as interpreters for this person, using sign language to speak with them and then translating for others. One person was registered blind. The staff used touch to enhance their communication with this person.

Throughout the inspection we saw that people were treated with kindness and respect. The staff used their preferred names, they listened to the things people said and responded appropriately showing compassion and empathy. The staff knocked on bedroom doors before entering and respected the choices people made. People told us that the staff always respected their privacy and dignity.

The staff spoke about the people who they supported in a caring way. One member of staff told us, "This service is always very person centred, we all respect the people who live here, that is what we love about the job." Another member of staff told us, "I really love the residents, all the staff treat them with kindness and love." One member of staff said, "We treat people as we would want to be treated."

The relatives of people who lived at the service told us that the staff were very caring. They commented positively on the relationships people had with the staff. One relative said, "I am very happy with the staff who work there now, they support [my relative] really well." Another relative told us, "[My relative] has always been happy there, they are good people who work there." Another relative commented, "It is really lovely and good for [my relative] being there."

The provider kept a record of compliments visitors to the service wished to make. These included comments such as, "The staff are very friendly", "[People] have a very friendly relationship with the staff" and "I observed the staff to be very friendly and helpful."

## Is the service responsive?

### Our findings

People who lived at the service told us about the things they did and enjoyed. They told us about how they spent their time at the service and in the community. People were involved in jobs around the home, such as shopping, looking after the garden, recycling and preparing food. People also helped clean their rooms. They were able to tell us about this and how they enjoyed this aspect of their lives. People also told us about some of the activities they took part in. They were involved in the local community, attending places of worship and using local sport centres and shops. During the inspection some people who lived at the service were taking posters advertising for staff to display in local shops. People took part in a range of different social activities. These included voluntary jobs as well as leisure events.

The relatives of people told us that they thought the staff met people's needs and provided them with opportunities to try new things. One relative said, "The staff have some really good ideas." Another relative told us, "[My relative] has an established routine and they are happy with this."

People's individual needs were recorded in clear and detailed support plans. These were regularly reviewed and updated. Each person had a keyworker. Keyworkers met with people each month to review their care. This was documented. The person had opportunities to feedback on how they felt and whether they wanted any changes. The staff recorded the care they had provided each day. These records showed that care plans were being followed and that people's wishes were respected, so that they took part in activities they wanted. There was evidence that people's personal care needs were met and they had made choices about when they got up, whether they had a shower, what they wore, what they ate and how they spent their time.

The service was flexible and responsive to people's needs. For example on the day of the inspection, the staff changed the planned outing they had organised because people had expressed a particular choice. This meant that some people were eating lunch out. The staff arranged to return to the service with take away food for one person who wanted the meal but did not want to go out that morning. The staff also cooked an individual meal for one person who did not want to eat out or have a take away. We heard the staff discussing each person's choices with the person and they ensured people were able to choose from a range of options. This type of approach was evidence in the records we viewed which showed a consistent flexible and responsive approach to care and support which was centred around individual needs.

The relatives of people who lived at the service told us they were made to feel welcome and were involved in their relative's care. One relative commented, "You are always made welcome when you visit." The relatives all told us that the staff contacted them if they had any concerns or their relative had an accident or needed something.

The provider had a suitable complaints procedure. Copies of the complaints procedure were available in easy to read format. People living at the service and their relatives knew how to make a complaint. The registered manager had recorded all complaints and the action taken to address these. This included feedback from people who lived at the service about the property and concerns they had about the environment. There was evidence action had been taken to address concerns and that the registered

manager had discussed the outcome of these with the person making the complaint.

## Is the service well-led?

### Our findings

One person who lived at the service told us, "This is a good home, it works like clockwork, the staff work very hard and make sure everything is in place." They went on to say, "Life is good, I have made the right choice living here."

The relatives of people who lived at the service told us they were happy with the care people received. One person told us, "I am very happy, the staff do their best." Another person said, "The service is really well run, I am very happy, I really think this is the best home for [person]." One relative told us, "What a lovely home, [the person] is very lucky to live there." Another relative commented, "I couldn't ask for better."

Relatives told us they thought the service was well managed. One relative said, "[The registered manager] has known [my relative] a long time and has a good relationship with them.", Another relative told us, "I think [the registered manager] is very good."

The staff told us that they were happy working at the service, that they felt well supported and they felt the registered manager was good. Some of their comments included, "I feel very supported", "We are all very happy here", "Good communication is the key and we have that here", "We have a wonderful boss, he is so good." The regional operations manager told us the registered manager was, "very organised" and ran the home well.

The registered manager had been in post for many years and knew the needs of people who lived at the service well. 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 and staff carried out audits of different aspects of the service each day, week and month. These were recorded and there was a clear plan when action or improvements were required. The provider also visited the service to carry out audits and check the quality of the service. They also wrote to stakeholders asking them for feedback. Recent feedback from people living at the service, staff and others had been positive. People had completed surveys about the service and some of the feedback included these comments, "I think the care and support received by [my relative] is good", "[My relative] has become much more self-sufficient", "I am very happy that [my relative] is living at Tentelow Lane", "We feel the care and support [our relative] receives is a very high standard", "The service gives a high standard of care to people", "[People who live at the service] have their voices heard", "All the staff and management work as a team", "[The service] is passionate, respectful, committed and helpful" and "[The service] is very person centred."

People living at the service had opportunities to speak about their experiences. They had regular individual meetings with their keyworker where they talked about the things that worked well and the things they wanted to change. They also met as a group each week to discuss the service. One person was a

representative of the provider's quality group. They visited other services to take part in audits and speak with people living in other homes. There were two spokes people at the service who had been selected by the people living there to take a lead on expressing their thoughts to the provider and requesting any changes the group wanted.

One person was involved in interviewing new staff. They told us that they had developed their own questions which they asked the staff. They told us the registered manager asked for their opinion when making decisions about recruitment. Another person was responsible for helping to train the staff to learn Makaton (sign language). The regional operations manager and senior managers visited the service regularly. People had the opportunity to meet them and speak with them. The regional operations manager visited the home on the day of our inspection. We observed that they knew people well and that people felt comfortable with them and were free to discuss whatever they wished.

The registered manager and staff notified the Care Quality Commission of events which affected people in line with the Regulations.