

Voyage 1 Limited

# Winchester Road

## Inspection report

52 Winchester Road  
Four Marks  
Alton  
Hampshire  
GU34 5HR

Tel: 01420564028

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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

### Care service description

Winchester Road provides accommodation and support to four people who have a learning disability and who may also live with a physical health condition. Four people were living at the service one of whom was away on the day of the inspection. People who live at Winchester Road may experience behaviours that challenge staff.

### Rating at last inspection

At the last inspection, the service was rated Good.

### Rating at this inspection

At this inspection we found the service remained Good.

### Why the service is rated good.

People were kept safe from the risk of abuse. Risks to people had been identified and assessed and staff reflected upon incidents to reduce the likelihood of repetition for people. People's medicines were managed safely within the service.

There were sufficient staff to provide people's care and to support them with their activities. Staff's suitability for their role had been assessed. Staff were appropriately supported in their role, through the provision of an induction, training and supervision.

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 were supported by staff to eat and drink sufficient for their needs. People had health action plans in place that identified their healthcare needs and how these were to be met.

People enjoyed positive and caring relationships with staff. People were able to exercise choices about their care. Staff provided people's care in a manner which also upheld their privacy and dignity.

People's needs were thoroughly assessed prior to them being offered a placement. Their care plans were then kept under review with them and their family. Staff understood people's individual behaviours and care was tailored to meet people's needs. Staff encouraged people to maintain contact with their families. People were supported to be independent. People had their own activity timetable to meet their individual needs and interests.

The complaints policy was displayed for people in an accessible format. People's feedback on the service

was sought and acted upon to improve 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.

People and staff told us the registered manager led the service well. People's care was provided within an open culture and based upon clear values. Processes were in place to monitor and improve the service people received.

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.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Winchester 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 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 comprehensive inspection took place on 02 August 2017 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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.

During the inspection we spoke with one person. Following the inspection we spoke with three people's relatives and a person's representative.

Not everyone was able to fully share with us their experiences of life at the service; therefore we spent time observing staff interaction with people. We spoke with two care staff, the registered manager and the operations manager.

We reviewed records which included three people's care plans, two staff recruitment and supervision records and records relating to the management of the service.

At the last comprehensive inspection of 23 June 2015 the service was rated as 'Good' overall.

# Is the service safe?

## Our findings

Relatives told us their loved ones were safe at Winchester Road, that staff understood the risks to them and there were sufficient staff to meet people needs safely.

Safeguarding processes were in place and staff had undertaken relevant training. Staff understood the types of abuse people may experience and how to report any concerns. The registered manager had raised safeguarding alerts for people with the local authority as the lead agency for safeguarding where required. People were protected from the risk of abuse.

Risks to people had been identified and assessed; where required staff had obtained support and guidance from professionals to enable them to support the person safely. Staff had a good understanding of people's risks and the measures in place to ensure they were managed safely. The required checks had been completed in relation to utilities, fire and equipment safety.

Any incidents were documented and reviewed by the registered manager to identify if any further action was required to reduce the likelihood of repetition for the person. Where required staff were de-briefed on incidents to enable reflection and learning to take place in regards to people's care.

The registered manager told us the service was staffed by two care staff in the day and one at night. Additional staffing hours were provided to support people's activities and one to one staff time for people. Staffing rosters showed there were usually three care staff on duty in the day. There were currently two staff vacancies. The registered manager believed it was important for people to experience continuity of care so agency staff were not used and existing staff and the registered manager covered these vacant shifts for people.

Staff told us and records confirmed relevant pre-employment checks had been completed before they started work. Staff files contained: photographic proof of their identity, a criminal record check, full employment history, a record of the interview and evidence of their satisfactory conduct in previous employment. Staff's suitability for their role in working with people had been assessed.

Staff told us, and records confirmed, they had undertaken medicines training and regular competency assessments to ensure they could administer people's medicines safely. Processes were in place to ensure people received their medicines from trained, competent staff.

Processes were in place to order and dispose of people's medicines safely. Medicines records we reviewed were complete. No-one received their medicines covertly, but staff knew how people preferred to take them and ensured their wishes were followed. People's medicines were stored safely and relevant checks were completed to ensure they were kept at the correct temperature. People's medicines were managed safely.

# Is the service effective?

## Our findings

A relative told us "Staff seemed trained" and "We are consulted about decisions."

Staff told us they had received an appropriate induction to their role. Staff informed us and records confirmed they had undertaken the provider's required training and additional training specific to people's needs. For example, staff had completed training in autism and epilepsy to provide them with the skills to support people effectively with their healthcare needs. Staff received regular supervision and an annual appraisal of their work to enable them to reflect upon their work over the past year and their developmental needs for the forthcoming year. Staff were supported in their professional development and five of the nine care staff had undertaken a professional qualification in social care. People were cared for by staff who were appropriately supported.

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 (MCA) 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff had undertaken MCA training and both they and the registered manager were aware of their responsibilities. DoLS applications underpinned by a MCA assessment and associated best interest decision had been submitted for people where required. This ensured legal requirements had been met for people.

People were provided with details of advocacy services. An advocate is someone whom represents the views of a person who cannot represent their own views. Where required advocacy services had been engaged for people to ensure their views were heard.

Staff understood people's dietary and fluid needs and ensured people were provided with food and drinks that were appropriate to their individual needs. Staff offered and provided people with their preferred drinks across the course of the inspection. People's weight was monitored to ensure it remained healthy and where people were overweight they were supported and encouraged to follow healthy eating guidance in order to manage the risks associated with weight gain.

Staff told us and records confirmed people were consulted about the menus, which were changed twice yearly. People's meals were prepared freshly for them on-site and people appeared to enjoy their lunch. Staff ensured people were not rushed and could eat at their own pace.

People had health action plans in place that identified their healthcare needs and how these were to be met. Staff had engaged healthcare professionals to meet people's routine healthcare needs for example, in relation to their dental care and their annual physical healthcare check. They had also sought and acted upon specialist professional advice to meet people's individual behavioural and care needs to ensure people received appropriate care.

## Is the service caring?

### Our findings

A person told us "Staff are nice" and that they "Had fun" with the staff. A relative commented "He is quite happy there" and "He makes his own decisions and they are respected." Another relative told us "Staff are brilliant" A person's representative said people were offered "Lots of choices" and "Staff know people and interact well with them."

The registered manager told us it took people time to build relationships. People's records provided staff with a one page profile about what was important to the person and how to support them. Staff told us they spent time reading people's records and shadowing other staff to learn about the person and form a relationship with them.

Staff had a good knowledge with regards to each person's preferences about their care, they knew about people's individual interests and the activities they preferred. Staff ensured these were reflected in the care provided for people. For example, a person was keen on public transport so staff had used this with the person when taking them on holiday.

We observed people were relaxed and comfortable in the company of staff. They approached staff freely and spoke with them. Staff checked upon people's welfare and asked them if they were enjoying their lunch. People enjoyed positive and caring relationships with staff.

Staff were able to tell us about each person's individual communication needs. Staff were observed to provide a person with support and verbal instructions to enable the person to clear away their breakfast items. Staff used short sentences and broke the steps down for the person to simplify them and aid their understanding.

Staff were heard to give people choices throughout the inspection. They asked them what they wanted to do and checked with people if they wanted to attend their scheduled activities that day. A person confirmed to us they were able to make choices about their care. People's records documented their individual routine for the day including their preferred time to get up and go to bed. People's bedrooms were furnished and decorated in accordance with their personal preferences and individual care needs. Information was provided in accessible formats, to help people understand the care available to them. People were able to exercise choices about their care.

People's rights to privacy were documented and respected. Staff told us how they upheld peoples' privacy in the provision of their care. Staff were observed to knock on peoples' bedroom doors and await a response before they entered. Staff spoke to people discreetly with regards to their continence needs. This ensured their needs were met in a manner which also upheld their privacy and dignity.



## Is the service responsive?

### Our findings

Relative's told us staff understood their loved ones needs, ensured they were sufficiently stimulated with activities, promoted their independence and involved them in care reviews.

The registered manager and staff told us about how they had visited a person's previous placement prior to their admission, in order to enable them to understand how the person's complex needs were met and to ensure the service could meet their needs.

People and their relatives were invited to attend an annual review of their care and these were held wherever was most appropriate for the person and their family. A relative told us how staff had facilitated the person's annual review at the family home to ensure they could participate.

People's care plans provided staff with clear guidance regarding how their behaviours which could challenge staff should be met. Staff had also undertaken training to enable them to support people with de-escalating their challenging behaviours. Staff understood people's individual behaviours and care was provided to meet people's needs.

Staff encouraged people to maintain contact with their families. Staff transported people to their relative's home to enable them to spend time there. A relative told us "You can visit whenever you want."

Staff told us people were supported to be independent. Either within the service; where people were encouraged to undertake tasks and activities for themselves, or the community. Where people were able to access public transport either alone or with staff support this was encouraged and supported to enable people to build and develop their independence.

People were supported to go on holiday where possible to a place of their choosing either alone or with others depending on their preference. A person told us they had recently gone on holiday.

Each person had their own timetable tailored to their needs and interests. People were able to participate in a range of activities where they wished, including; trampolining, swimming, drumming, music and dance and the use of a sensory room which can enable people to feel calm. In addition people made regular trips into town, to visit the library or to go shopping. People's needs for social stimulation were well met.

The complaints policy was displayed for people in an accessible format. Staff understood their role in supporting people to raise any issues and asked people during their monthly meetings with them if they had any complaints or concerns. People and their families were also asked if they had any concerns about the care provided during their annual review and as part of the annual quality assurance survey, which was last completed in December 2016. Feedback was very positive; but any comments had been noted and acted upon for people. For example, a relative had requested hot lunches in the winter and this had been addressed. People's feedback on the service was sought and acted upon to improve the service.

## Is the service well-led?

### Our findings

A person told us "X (registered manager) is a good manager." Relatives commented "Very good manager" and "One of the best managers they have ever had." "Yes, it is well led."

Staff told us of the registered manager "We all like him. He is approachable and he knows what we are on about." They also told us the registered manager was "Supportive" to staff.

The registered manager told us they were contracted to work on the floor for 15 hours each week in addition to their managerial duties. This provided them with the opportunity to work both 'hands on' with people and alongside staff to observe the care provided. The registered manager demonstrated a good understanding of the issues facing the service, for example, in relation to staffing and upgrading the environment for people. They told us they felt well supported in their role both by the operations manager and via the peer support provided through the provider's monthly home manager meetings with other registered managers.

The providers values upon which people's care was based were: passion for care, positive energy, freedom to succeed, edge and thanks. The registered manager told us the value of 'Edge' meant 'To go above and beyond.' Staff told us they learnt about these values during their induction and were observed to apply them in their work with people. Staff were aware of how to raise any concerns about the service both with the registered manager and with the provider. Initiatives had been implemented to enable people to have greater input into the service and to enable closer links between services for people. People's care was provided within an open culture and based upon clear values.

The registered manager completed a quarterly audit which assessed the quality of the service. The operations manager then reviewed and signed off the audit and resulting service action plan. Records showed that where actions were identified, these had been addressed for people, in order to improve the service for them. For example, following the previous quarterly audit; guidance was now in place for the use of paraffin based topical creams which can be a fire risk for people, to ensure their safe use. In addition people's medicines were audited weekly and monthly. Daily, weekly and monthly health and safety checks within the service were completed. The provider's quality team also audited the service on 13 February 2017. The service scored highly and those items that were identified as requiring action were added to the service action plan. For example, people's care plans had since been updated to provide guidance with regards to how staff might know if a person was giving their consent. There was also an action plan related to proposed improvements to the environment and records showed the items identified had either been approved or were awaiting approval by the provider. Processes were in place to monitor and improve the service people received.

The rating from our previous inspection was displayed both in the service and on the provider's website. People who used the service and others knew how the service was performing.