

Voyage 1 Limited

# Voyage 1 Limited - 694 Pinner Road

## Inspection report

694 Pinner Road  
Pinner  
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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

### About the service

694 Pinner Road is a small residential care home which is registered to accommodate and provide personal care to eight people with learning disabilities and autism. During the day of our inspection the home did not have any vacancies. People living at 694 Pinner Road have complex needs and most of the people are limited to no verbal communication skills.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

Everyone we spoke with was positive about the service. There was a relaxed and homely atmosphere. Staff had developed caring and trusting relationships with people. The service demonstrated positive outcomes for people which reflected the principles and values of Registering the Right Support. This included; supporting and looking into ways for people to make their own decisions and choices to maintain and improve their independence and control of their lives. Improving people's life experiences and accessing the right support at the right time to maintain positive outcomes for people's health conditions. This had a positive impact on people's wellbeing, behaviour and mental health. People were offered opportunities to gain new independent skills and other interests.

Care plans contained detailed and relevant information about how to proactively meet people's needs. Staff were immediately informed of changes in people's needs so that care was tailored and specific to everyone.

People enjoyed a range of activities and followed their hobbies and interests. Staff took time to understand things that were important to people such as, supporting them to build and maintain friendships and family relations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People were provided with information they needed and were encouraged to be involved in all aspects of their care. Staff always asked for people's consent before staff delivered care and support for them.

Systems were in place to safeguard people from abuse or harm, which included safe recruitment processes. Detailed risk assessments were in place and overall medicines were managed safely. Accidents and incidents were recorded appropriately.

Staff received regular training to enable them to deliver person centred care. This included additional training specific to people's health needs and some was sourced from external health professionals.

People were encouraged to eat a balanced and nutritious diet, whilst respecting their own food choices. Staff supported people with their eating and drinking by creating an inclusive environment.

People, their relatives and staff spoke positively about the management team. They were confident about raising concerns and that they would be addressed immediately. Staff felt supported and valued by them.

Checks were in place to maintain safety and drive improvements at the service. The management team had a proactive approach and were keen to make changes that would impact positively on people's lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection (and update)

- The last rating for this service was Good (published 7 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Voyage 1 Limited - 694 Pinner Road

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Pinner Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority quality assurance team who work with the service. We used information the provider sends to us, which included safeguarding alerts and notifications the provider sent to us. This

information helps support our inspection. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

People who used the service had complex needs and were not able to verbally communicate with us, except for one person. We observed people interacting with staff. We spoke with five members of staff which included the registered manager and operations manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training. We spoke with two relatives and two independent advocates who regularly visit this service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems in place ensured that people can be confirmed that they were safe and were protected from abuse.
- The registered provider continued to notify the Care Quality Commission (CQC) of any allegations of abuse and took actions to ensure people who used the service were appropriately protected.
- We asked one person if they were safe. One person replied, "Yes" and a second person nodded. One relative told us, "[Name] is 100% safe at Pinner Road."

Assessing risk, safety monitoring and management

- The service continued to ensure risks in relation to providing care and support were minimised. Robust risk assessments and risk management plans were put in place for people who used the service.
- Care staff told us that people had risk assessments in their care folders and told us that they are useful when supporting people. One care staff told us, "Risk assessments are kept in people's care plans and we review them if things are changing."

Staffing and recruitment

- The provider followed robust safe recruitment practices and ensured that staff had been appropriately vetted prior to being offered employment. Staff recruitment folders confirmed that appropriate recruitment checks had been carried out.
- Care staff told us that since the last person had moved in, staffing numbers had been increased and they confirmed that enough staff were deployed to meet the needs of people who used the service. Relatives confirmed this. One relative said, "There has been a lot of changes and a lot of new staff have started, but I think there are enough staff at Pinner Road."

Using medicines safely

- People who used the service received their medicines safely. Care staff received medicines administration training and their competency to administer medicines was assessed annually.
- Medicines administration records (MARs) viewed had all been completed correctly and stock levels were checked regularly by the registered manager or a designated person.
- Relatives were confident that people who used the service received their medicines safely. One relative said, "I am certain [name] gets the medicine on time and currently. They [staff] will always remind me when [name] comes home for an overnight stay."

Preventing and controlling infection

- The service ensured that people who used the service were protected from the spreading of infections.

- Care staff had received training in the prevention and control of infections. We observed them during our inspection visit that they wore appropriate protective clothing such as disposable gloves when supporting people who used the service.

#### Learning lessons when things go wrong

- The service continued to record and monitor accidents and incidents. Systems were in place to report them to the quality assurance team at the registered provider's head office. This helped the registered manager and registered provider to assess if there had been any themes or trends and could put systems in place to minimise them from happening in the future.
- Care staff told us that they would report accidents and incidents to the registered manager and that they would discuss them during supervisions or during team meetings to minimise the risk of them happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service ensured that people's needs were assessed prior to offering them a placement. The assessment included a transition plan which enabled the prospective person to test the service and make an informed choice if they wanted to move into Pinner Road.
- One relative praised the assessment and transition plan the service had developed during the admission of their family member. The relative said, "The transition was brilliant they [staff] were so accommodating they [staff] always engaged."

Staff support: induction, training, skills and experience

- Staff had access to a wide range of training and training records viewed, showed that the service had an almost 100% completion of all the training provided. Training can be accessed online, but specific training courses were also provided face to face. Staff spoke highly of the training they received.
- Staff records also confirmed that staff had received planned one to one supervision quarterly and an annual appraisal on the anniversary of their appointment. The staff told us that they felt well supported by their manager and supervisor.

Supporting people to eat and drink enough to maintain a balanced diet

- People who use the service continued to have a choice of a well-balanced, healthy and culturally appropriate diet. Meals were prepared by staff and people had regular opportunities to plan their menu with the use of pictorial prompts, such as photographs and pictures. This had made it easier for people to take part in the planning of the weekly menu.
- Where people required additional health care input with their diet this was sought, and appropriate guidance was put into place to ensure people who used the service were appropriately assisted with their meals.

Staff working with other agencies to provide consistent, effective, timely care

- The service has fostered good relationships with external agencies and ensured that positive outcomes were achieved for people through a collective and holistic approach.
- The service had developed hospital passports for people who use the service. These contained important information about the person's needs, health care conditions and medicines. This ensured smooth transitions between services and people who used the service received effective person-centred care.

Adapting service, design, decoration to meet people's needs

- The environment was well decorated and adapted for people who used the service. The registered

manager and provider were flexible to adapt the environment to ensure it was conducive for people's needs. For example, a person who recently was admitted to the home was offered a room which suited their needs and adaptations such as a ramp were built prior to the person moving in.

- The registered manager was open to making changes and improving the environment. For example, he told us that he had budgeted for a new accessible bathroom to be fitted during the next financial year and was looking into redecorating the communal areas once people who use the service had chosen the colours.

Supporting people to live healthier lives, access healthcare services and support

- The service had built good relationships with external healthcare professionals and would seek advice and support for people who used the service as and when required. One relative praised the support the service provided during their family member's recent illness.

- Another relative told us, "[Name] health needs are fully met, they ensured that nurses visit to look after [name]."

Ensuring consent to care and treatment in line with law and guidance

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- People who used the service had appropriate DoLS authorisations in place and the registered manager had a system which ensured that they were reviewed and renewed in a timely manner.
- From October 2020 the new Liberty Protection Safeguards (LPS), which will replace DoLS come into force and the registered manager had already started to source training for staff to ensure the service was ready. Staff demonstrated good understanding of the principles of the MCA and we observed them asking people for their consent when providing care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us that people were treated well and the service supported people with kindness, care and respect. One of the advocates told us, that during a birthday party the service took a lot of pictures as a memory, but later realised that their camera wasn't working. Instead of saying that was it, the service arranged another birthday party for the person, which included a second birthday cake, inviting friends and party food. The advocate told us that the person was 'chuffed' and so happy to have two parties.
- People received exceptional care which met their needs and took account of their cultural and ethnic background. For example, people followed different religious beliefs and the service supported them to be able to access their chosen places of worship. This allowed and enabled people to continue to build and maintain relationships and friendships with non-disabled and disabled people from their cultural background.
- Staff told us that not all places of worship were near and available within easy access. However, they made sure that they supported people to attend their church even though it was further to travel. This ensured that people were able to maintain their cultural; and religious background and heritage.

Supporting people to express their views and be involved in making decisions about their care

- The service had continuously looked and sought ways of involving people in making decisions and expressing their views about the care they had received. Since our last inspection the registered manager had arranged sign language training called 'Makaton' for staff, this had led to people who were usually unable to communicate with staff to be more involved in making decisions about their care. For example, one person was now much more able to tell staff what they wanted and became less anxious and demonstrated less behaviours that challenged the service.
- The service engaged very closely and pro-actively with local independent advocacy agencies to support people who do not have relatives to have their voice heard. For example, the advocates would attend care plan review meetings and would speak on people's behalf to ensure their wishes and needs were considered. We spoke with two advocates who both highly praised the support people who used the service had at Pinner Road and how they had blossomed and improved in managing their own behaviours and having greater engagement with staff and the community. One advocate said, "[Name] has become so settled and relaxed and his life has greatly improved since living at Pinner Road and with the work and commitment staff demonstrated towards the person and all the other people living at the service."

Respecting and promoting people's privacy, dignity and independence

- There was a strong focus at Pinner Road to support and encourage people to gain greater independence.

Staff told us, and observations made showed us that people were responsible for cleaning their room with staff help. One care staff gave an example of a person using the Hoover now almost by themselves and told us of the step by step approach the service had used to achieve this. Another example was comments made by a relative of how impressed they were with the new skills their relative had gained since living at Pinner Road. The relative said, "When [name] lived at home [name] wouldn't do any of the things [name] is doing at Pinner Road. At home [name] never cleared the table, cleaned their room or helped in the kitchen. This is only down to the staff and how they had made a major impact on [name] she is much happier." Another relative said, "[Name] learns fast, they [staff] let [name] do the things [name] can do. They value [name] independence."

- Staff demonstrated clear understanding of how to maintain and protect people's privacy and dignity. One member of staff told us, "I would always encourage people we support to wear a dressing gown and cover up when going to the bath and also always knock on doors and don't share personal information with others."
- The registered manager has also considered that people's needs were changing. To accommodate these changing needs they, as mentioned earlier, planned to change the bathroom to provide more accessible facilities enabling people to have a bath which they currently find challenging. The registered manager told us that funding had been agreed and he was currently in the process of choosing the bathroom and finding a suitable bathroom installer to carry out the work.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans continued to be of good standard and clearly reflected people's needs, likes and wishes. The service ensured that they always invited families or advocates to care plans reviews to ensure people's views and wishes were taken into consideration when planning their care. One relative told us, "We are always invited to care plan reviews and they are also willing to be flexible with dates, so we are able to attend."
- The registered manager told us that he was currently looking into new ways of adapting care plans to make them more accessible and meaningful to people who used the service. He told us that he had ordered talking picture books which can be used to discuss care and support plans with people who used the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Since our last inspection the registered manager had investigated more ways for making the service more accessible for people who had communication difficulties. This included sourcing Makaton training, updating people communication passports and using a wider choice of pictures and symbols to make it easier for people to communicate their choices and decisions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who used the service engaged in a wide range of suitable, culturally relevant and stimulating activities. This ensured that people who used the service maintained relationships and built new friendships.
- One person spoke about how staff supported them to watch their favourite football team. The deputy manager told us that if they couldn't get tickets to watch the game in the stadium they would make sure to go to the pub instead. The deputy said, "They know [name] well in the pub and [name] made new friends."
- The service supported people to choose and go on annual holidays. Pictures displayed in the home showed people on beaches, airplanes, trains and in new and foreign countries. The registered manager told us that due to the financial obstacles with authorising the funds for holidays, people had lost out in the past on getting good deals. The registered manager had arranged to meet with senior leaders to discuss ways in how this could be more streamlined to enable people booking their annual holidays more easily.

#### Improving care quality in response to complaints or concerns

- Relatives told us that they were confident in raising concerns with the registered manager and told us that anything they raise will be resolved. One relative said, "I have never made a complaint, but anything I have raised with [manager name] he has always taken seriously and resolved."
- Care staff demonstrated good understanding of how to respond to complaints and told us that they were a good way to improve the quality of care.
- We saw in complaints records that any complaints had been investigated and dealt with appropriately in line with the provider's complaints procedure, which was also made available in formats people who used the service could understand.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was committed to a positive and strong leadership of the service. They were an experienced social care professional, who had worked in the learning disabilities field for a long time and demonstrated enthusiasm, and dedication for providing the best quality care possible for people with learning disabilities and autism. The registered manager told us, "Nothing is impossible, people can achieve anything if they get the right help."
- The registered manager was supported by a deputy manager and operations manager who were willing to listen and support the service. The management and staff team at Pinner Road had implemented positive changes for the benefit of people who used the service
- The management team completed a full range of audits monthly to check on the quality of the service. Audit results were monitored by the provider. A representative of the provider visited regularly to provide support and assessed if any shortfalls had been implemented.
- The registered manager and provider had good oversight of the home. There was an 'open door' management approach which meant the registered manager was easily available to staff, people and relatives.
- The registered manager carried out periodic spot checks during the night to ensure that people were receiving the appropriate level of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their responsibility to report events and incidents that happened at the service, to the CQC.
- Staff were positive about the skills and leadership of the registered manager and told us they felt very supported. One member of staff told us, "[Name] listens to what we as staff say and is open to make changes. He is very supportive professionally and personally." Another member of staff told us. "[Name] has helped me to develop into a more senior position." He is an amazing manager. He supports me in everything I do."
- Staff told us they worked well as a team. One member of staff told us, "The morale is very good, we work hard, but we also have a lot of fun."

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- The service held regular staff meetings. These provided a forum for communicating information about the service, discussing concerns and gathering feedback from staff.
- Meetings for people using the service and for relatives were held every few months, although the registered manager told us that he was currently consulting in how to change them to make them more accessible to people who used the service.
- Feedback questionnaires were sent out annually to relatives, independent advocates and external professionals who were involved with people who used the service to get their views about the quality of service provided and any improvements to the service which could benefit outcomes for people who used the service.

#### Continuous learning and improving care; Working in partnership with others

- There was an open and transparent culture at the service. The management team and staff were committed to further improving the service for the benefits of people using it. For example, the registered manager continuously worked together with staff, managers, relatives, people who used the service and commissioners to look at improvements which could be made.
- During a recent quality assurance visit made by the local safeguarding and quality assurance team the service had been rated as 'green'. Pinner Road was a well-managed and safe service for people who use the service. The service liaised with organisations within the local community, including the local authority, local commissioners and the local safeguarding team. This ensured that people were receiving safe and good quality care, but also helped the service was able to respond to any changes implemented by these outside agencies without delay.