

Voyage 1 Limited

16 Balnacraig Avenue (The Leaves)

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

16 Balnacraig Avenue (The Leaves) is care home providing accommodation and personal care to people with learning disabilities, autism and other cognitive deficits. 16 Balnacraig Avenue (The Leaves) is registered to provide care and support for seven people. During our inspection six people were using the service.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

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

Relatives told us that people were safe. People were at the centre of their care and support; care plans enabled people to maintain their independence. Care records were detailed and reflected people's preferences and needs. Staff knew what action to take to protect people from the risk of abuse. People's medicines were managed safely.

People were supported to have maximum choice and control of their life and they were supported in the least restrictive way possible. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

The staff spoken with respected and understood a person's right to privacy and promoted their independence. Relatives told us the staff were kind and caring.

Staff demonstrated an interest in their role and the people they supported. It was evident by what we observed during both days of our inspection and reflected in the comment's relatives made that the care provided was centred on the individual. People who used the service had complex needs and were not able to express themselves verbally. Staff had a sound understanding of people's different communication needs and ways they made themselves heard by them.

We observed people who used the service to be relaxed and appeared comfortable with the staff supporting them.

People's nutritional needs were met, and people were provided with a varied, healthy and culturally appropriate choice of meals. Advice on diet choices to maintain their health and well-being was sought from external health care professionals and followed by staff.

There was a complaints procedure which was made available to people. The provider's governance arrangements were effective in assessing and monitoring the quality of the service and driving improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good (published 3 August 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.

16 Balnacraig Avenue (The Leaves)

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

16 Balnacraig Avenue (The Leaves) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This information included, the last inspection report and records of statutory notifications that the provider had sent to us. Statutory notifications include information about important events which the provider is required to send us by law. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

During the inspection we spoke with three relatives. We spoke with two care staff, the deputy manager, the registered manager and the operation manager.

We reviewed a range of records. This included two people's care records and medicines administration records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the 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 information and data, meeting minutes and quality assurance records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ We saw that people were safe living in 16 Balnacraig Avenue (The Leaves). One relative told us, "I have no worries about my relative. I am sure staff look after my relative very well."
- ☐ Systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff were trained and understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies.

Assessing risk, safety monitoring and management

- ☐ Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure people were supported to stay safe, whilst having their freedom respected. For example, risk assessments were completed regarding enabling people to access the community safely and take part in activities they enjoyed.
- ☐ Staff knew the people who used the service well and understood people's behaviours. Staff received training which was tailored to people's needs. For example, staff received regular training in using safe manual handling techniques.
- ☐ People who used the service were supported to ensure they were safe and the risks in relation to their health and wellbeing were minimised. For example, some people received a soft diet to minimise the risk of choking when eating their meals.
- ☐ Records we looked at with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff.
- ☐ Regular and appropriate checks were carried out to ensure the premises and equipment used in it was properly maintained and remained safe and fit for purpose. The registered manager and operation manager told us that the service benefitted from regular visits by a maintenance person and told us about a program of redecoration that was being planned.

Staffing and recruitment

- ☐ The service ensured there were enough numbers of suitable staff deployed to meet people's needs and to support them to stay safe. Where people who used the service required one-to-one staff support, we saw that this was provided accordingly. One member of staff told us, "Shifts are flexible and we can always ask for extra staff if people have appointments." The registered manager told us, that the service is fully staffed and currently does not use any agency staff.
- ☐ The registered manager told us that robust recruitment procedures were followed. For example, they confirmed that references were obtained for all staff and DBS checks were carried out. DBS is the Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process helped to ensure that only staff who are

suitable to work in a care environment are employed. Staff recruitment records viewed confirmed this.

Using medicines safely

- ☐ The service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews.
- ☐ We saw that only trained staff who had been assessed as competent supported people with their medicines. We saw that medicines were stored safely in lockable medicines cabinets. The service adhered to robust procedures for ordering, disposing, administering and recording medicines for people in the service. Regular medicines audits were carried out and noted that staff administered people's medicines in pairs. This ensured that people were administered their medicines safely.
- ☐ People who used the service had care plans and medicines records that explained how their medicines needed to be given. Guidance and protocols were in place for 'as required' (PRN) medicines and topical medicines.

Preventing and controlling infection

- ☐ We found the home to be clean and hygienic throughout.
- ☐ People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection.
- ☐ Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection.

Learning lessons when things go wrong

- ☐ The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong. For example, accidents and incidents were recorded and an electronic system alerted the registered and operation manager of any outstanding actions to follow to ensure appropriate actions were taken to minimise similar accidents and incidents from happening in the future.
- ☐ Audits of accidents and incidents were undertaken and reviewed regularly to identify any negative trends and risks to people's safety.
- ☐ Staff demonstrated good knowledge and understanding of appropriately recording and reporting any incidents or concerns regarding people's safety. This had an impact on the reduction of accidents and incidents in relation to the care provided to people who used the service.

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 relative's feedback confirmed this.

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

- ☐ People and their relatives were involved in the assessment process and this was in line with current legislation and good practice.
- ☐ Relatives confirmed that they had been involved in the assessment of risks to people and their needs and development of care plans. They also told us they had regular contact with the service and they were involved in formal reviews.
- ☐ Care was planned and delivered in line with people's individual assessments.

Staff support: induction, training, skills and experience

- ☐ Staff were competent, knowledgeable and skilled. They carried out their roles effectively. One relative told us, "They [staff] know what to do."
- ☐ New staff received an in-depth induction. In addition to specific training, they spent time shadowing experienced staff before working alone with people. Records showed staff had completed a range of training to give them the skills needed to meet people's needs.
- ☐ Staff were positive about the training that they received. One member of staff told us, "Training is easy to access and this helped me to better understand my role and what is expected of me. This is beneficial for people we support."
- ☐ Records of staff supervision showed this had been regularly undertaken and appraisals were carried out annually.

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

- ☐ People's individual nutritional needs were known and met.
- ☐ People were offered a choice of food and drink and were positive about the meals they received. We observed people were given pictorial choices to decide what they wanted to eat. For example, a range of cereal boxes and drink cartons for breakfast and a picture menu for lunch.
- ☐ Individual dietary requirements and preferences were recorded in care plans, which staff knew about and met. For example, if people had swallowing difficulties, guidelines were provided together with the contact details of suitable health care professional.
- ☐ Where needed, people received appropriate support to eat. Drinks and snacks were available when people required or requested these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked together with local commissioners and health care professionals to ensure that people received consistent, timely, coordinated, person-centred care and support.
- People's health needs were clearly recorded in their support plans which contained information from a range of health care professionals. Care records demonstrated that staff strictly followed guidance issued by healthcare professionals, including specialists. For example, one person had a chronic health care condition and guidance was clearly documented in their care plan.
- Should people become unwell whilst receiving care, staff confirmed they would consult with the person's doctor and ensure the person received any necessary medical support. Care plans included specific information as to when emergency services should be contacted, such as during prolonged seizures.
- Relatives confirmed that staff followed requests from them, and people's health needs were met.

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

- The environment met the needs of people using the service. Equipment to promote independence was available, and suitable signs were in place around the home to inform people where bathrooms or toilets were located.
- The service had an ongoing maintenance programme and we were told by the operation manager that funding had been approved to refurbish the shower room on the ground floor.
- Communal areas were pleasant and provided a range of places where people could spend time individually or as a small group. All bedrooms were for single occupancy. All necessary equipment to support people safely was in place. Level access was available to an enclosed rear garden, meaning people could access this when they wished to do so.

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, and some hospitals, 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's legal rights to make independent decisions about aspect of their care were upheld, and the service was working within the principles of the MCA.
- Formal assessments of people's ability to make specific decisions had been undertaken and where necessary, best interest decisions involving family members and health or social care professionals, had been made. Where people were able to make decisions, this was clearly documented including any support they needed.
- Staff understood how to protect people's human rights. Staff described how they sought verbal consent from people before providing care and support. A staff member told us, "I would always ask people and observe them to see if they were happy with what I was doing."
- People who lacked capacity to make some decisions regarding their care were supported to have

maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice. Appropriate applications for DoLS had been made.

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

- ☐ We observed caring, respectful and appropriate interactions between staff and the people they supported. We observed staff speaking gently with people and giving them time to make decisions of what they wanted to do and wait until they were ready.
- ☐ Staff were responsive to people's emotional needs. The staff understood people well and followed guidance in care plans when interacting with people. Care plans were individualised, and person centred. One relative said, "They [staff] will ask me when they need anything in [name] care plan changed."
- ☐ Staff had a thorough understanding of the need to promote equality and diversity. Staff knew people's interests and preferences and supported them to access community activities. For example, people were supported to access their chosen places of worship regularly and celebrate cultural festivals and holidays.
- ☐ Staff supported people to maintain relationships with their friends and families

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

- ☐ People were supported to express their views. If they were unable to do so due to their disability, the service got in touch with their family or contacted a local advocacy service to ensure their voice was heard. Relatives told us that the registered manager, key worker or staff would contact them to discuss their relatives needs and make changes or decisions about their care and support.
- ☐ Staff held conversations with people regularly to plan care which met their preferences. Staff met regularly with people to reflect on the previous months and make plans for the next month.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff and relatives gave us examples of how people's privacy and dignity was promoted. For example, one member of staff told us, "I would always close the door and cover people up when I support them with their personal care." A relative said, "They [staff] would always knock on the door and wait until they are invited in."
- ☐ The provider had appropriate systems in place to protect people's confidential information. They used a password protected e-mail system to send information and peoples personal records were safely locked away.
- ☐ Staff told us about how they ensured people's information was kept secure. One staff member said, "We never talk about other people in front of people we support and make sure that we share care plans only with the people they are intended for."

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

- ☐ The service being delivered to people was person-centred. One staff member told us, "We provide the care, how the people want it. It is their house, and we have to follow their wishes."
- ☐ We saw people were supported by staff who were knowledgeable about people's care and support needs.
- ☐ Staff had very good understanding of the signs, facial expressions and gestures used by people to make themselves understood and make choices about their care.
- ☐ Relatives told us they were asked if the level of support being provided met their family member's needs. Relatives confirmed to us that their family members' needs were met very well at the service.
- ☐ People's spiritual and cultural needs were respected. For example, culturally appropriate food was available to meet people's individual needs.

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.

- ☐ Most people were not able to communicate verbally. Staff spoke clearly with people, and it was evident from their responses to staff that they understood. When required staff used picture cards to communicate with people, for example for food choices or activities.
- ☐ Most people were supported by their family when they had to make complex decisions about their care. However, there was information available for people and their relatives about advocate support, which was displayed on the notice board in the hallway. An advocate is someone who supports people to express their views and wishes and stands up for their rights.

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 accessed and took part in various activities. These included more formal settings like day centres and more informal activities such as going for walks or going out for lunch.
- ☐ The service was visited regularly by a music therapist, aroma therapist and physiotherapist for activities and exercises.
- ☐ Staff told us that they were currently in the process of planning holidays together with people who used the service.

Improving care quality in response to complaints or concerns

- There was a written complaints procedure in place which was available for visitors, including advocates, who could support people to complain. There had been no complaint since our last inspection. Relatives told us that they would complain to 'the manager' or 'staff' if they had any concerns.
- The complaints procedure was also available in pictorial format for people who were unable to read.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. Management staff confirmed they would ensure that staff received the training and support they needed to provide people with personalised care at the end of their life. They told us that people's relatives, staff, community healthcare professionals such as GPs and palliative nurses would be fully involved in supporting people with their end of life care needs when this was required.

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

- ☐ One relative described the management as, "Easy to talk to and approachable." They further told us that staff and the management knew people well.
- ☐ We observed the registered manager interacting well with people and people appeared very comfortable in their presence. We saw people who used the service smiling and engaging with the registered manager and deputy manager.
- ☐ Staff told us they worked as a team and had a desire along with the management team to provide safe and effective care.
- ☐ Staff told us that the registered manager had made a positive change to the overall atmosphere and team work at the home over the past 18 months. They told us that team work had improved, a full complement of staff had been employed and that people who used the service took part in a wider range of activities.

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 understood her responsibilities in relation to duty of candour. Where there had been concerns, we saw these had been dealt with appropriately and notified to the relevant people. We saw follow up actions had been recorded and the registered manager had been transparent.
- ☐ Relatives and staff told us that they felt able to raise any concerns with the registered manager. A staff member said, "She is very open and always there for advice. I have made suggestions regarding staffing during a recent team meeting and she listened and made the changes I have suggested. We are a good team, which includes [managers name]."

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

- ☐ The service had robust quality assurance procedures in place. Quarterly quality assurance audits were undertaken by the operation manager, who scrutinised all aspects of the service including the environment, documentation and staff conduct. In addition, the provider's quality assurance team undertook very detailed annual quality assurance audits. Recent internal audits had achieved positive scores which reflected how well the service was being run.
- ☐ The registered manager told us, and records confirmed, audits were completed on a wide range of areas including care plans, health and safety, medicines and infection control. Action plans were in place following audits, to ensure the management team were working towards the same goals. Information

gathered from audits was used to develop the service.

- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw staff meeting minutes and supervisions records which reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- The culture at the home was to support people to practice their chosen religion if they wished and for staff to understand different cultural beliefs or preferences.
- Regular meetings for people and staff were carried out to seek feedback and share important information. People were arranged care plan reviews together with staff and invited people important to them.

Continuous learning and improving care

- The service had continued to improve since the last inspection. We saw that care plans were much more detailed, staff told us they were more relaxed, and people appeared more comfortable in the presence of staff. The new registered manager had engaged well with external stakeholders and had participated in several forums arranged by the local clinical commissioning group and local authority. The registered manager said, that this had been a very good opportunity to learn and improve the service.

Working in partnership with others

- The service worked well with professionals involved in the service. Staff had positive relationships with them. Information was shared in a timely manner. The registered manager told us that she had improved the relationship with the local authority. This had helped the service and people who used the service to continuously improve.