

Voyage 1 Limited

# Voyage 1 Limited - 177-179 Spring Grove Road

## Inspection report

177-179 Spring Grove Road  
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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

The inspection took place on the 14 November 2014 and was unannounced.

We last inspected the service on 24 June 2014. At this inspection we found breaches of legal requirements. People were not treated with respect and consideration; people were at risk of receiving inappropriate care or treatment because their needs were not always assessed, recorded or met; people were not protected against the risks associated with medicines because the provider had

not followed appropriate arrangements to manage medicines and the system to monitor the quality of the service did not always identify or manage risks and therefore people were receiving inappropriate care and treatment. The provider had supplied us with an action plan telling us they would make the necessary improvements by 31 August 2014.

At this inspection we found that they had made all of the necessary improvements.

# Summary of findings

177-179 Spring Grove Road provides support and care for up to eight people who have a learning disability and/or a physical disability. There was a registered manager. 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.

People who used the service had their needs assessed and met. There had been improvements to the way in which care was planned and delivered. The staff had a good understanding about people's individual needs and knew how to care for them. There was clear information about each person and the support the staff needed to

offer. People were supported to access the healthcare services they needed. They were given enough to eat and drink. Their medicines were appropriately managed. People lived in a safe and well maintained environment.

The staff were supported to understand their roles and responsibilities. They had the training they needed and took part in regular team and individual meetings. There were suitable systems to monitor the quality of the service and to obtain feedback from the people living there, their representatives and other stakeholders.

The staff were kind and caring and people looked comfortable and well looked after. The staff maintained people's privacy and dignity and spoke about people in a positive and caring way.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were appropriate procedures for safeguarding vulnerable people and the staff were aware of these.

The risks people were exposed to had been assessed and there were procedures to minimise the risks to people's wellbeing.

People were supported to have the medicines they needed.

Good



### Is the service effective?

The service was effective.

The staff had the training and information they needed to support and care for people.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions had been assessed and they had been referred under the Deprivation of Liberty safeguards in respect of individual decisions about their care and treatment.

People were supported to have enough to eat and drink and they were given the support they needed to stay healthy and access health care services.

Good



### Is the service caring?

The service was caring.

The staff had established positive relationships with people. They knew people's needs and individual preferences and supported them in a way which met these needs. People laughed and smiled when they received kind and positive attention from the staff.

The staff maintained people's dignity and privacy and were aware of how to care for them in a sensitive way.

Good



### Is the service responsive?

The service was responsive.

People received individual, personalised care which reflected their preferences and needs.

There was a suitable complaints procedure and there was evidence of learning from complaints which had been made.

Good



### Is the service well-led?

The service was well led.

The registered manager had developed action plans to improve the service and these were being followed.

Good



# Summary of findings

Staff, people who lived at the home and other stakeholders were supported to contribute their views and opinions.

There were robust quality monitoring systems which had identified shortfalls and action had been taken to remedy these.

The health and safety of the building was maintained and there were regular checks on safety and suitability of the environment.

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## 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 inspection took place on 14 November 2014 and was unannounced.

The inspection team consisted of one CQC inspector. Before the inspection visit we reviewed information about the provider, including the last inspection report and notifications the provider had made to us about significant events at the service.

The last inspection of the service took place on 24 June 2014. We found breaches of legal requirements. People were not treated with respect and consideration; people were at risk of receiving inappropriate care or treatment because their needs were not always assessed, recorded or

met; people were not protected against the risks associated with medicines because the provider had not followed appropriate arrangements to manage medicines and the system to monitor the quality of the service did not always identify or manage risks and therefore people were receiving inappropriate care and treatment. The provider had supplied us with an action plan telling us they would make the necessary improvements by 31 August 2014.

At this inspection we met seven of the eight people who lived at the home. Not everyone was able to tell us about their experiences because of they could not communicate verbally. However, we spoke with one person. We also spoke with eight members of staff, including the registered manager and the organisation's operations manager. We observed how people were being cared for and treated. We looked at how medicines were managed. We viewed records relating to people's care and treatment, including three care plans, risk assessments for three people and records of accidents and incidents. We also viewed records of staff training and the recruitment information for three members of staff, records of meetings held at the home and checks on quality and health and safety.

# Is the service safe?

## Our findings

The staff had undertaken training in safeguarding adults. The organisation had a procedure on this and the staff were aware of it. We spoke with the staff on duty and they told us what they would do if they suspected someone was being abused or at risk of abuse. Notifications we had received from the service showed that the provider had taken appropriate action when there had been allegations of abuse. They had notified the relevant authorities and undertaken investigations. They had also taken preventative action to prevent the likelihood of these events reoccurring. For example, following a recent alert, the manager had discussed the concerns at a team meeting and had reminded staff of procedures around the areas of concern.

Some of the people who lived at the home were not able to verbally communicate their needs. We saw the staff interacting positively with people, paying attention to the other ways they communicated. The staff told us how they had got to know the people they cared for and how they expressed their needs. They gave us examples about how individuals expressed their discomfort, their happiness and their choices. For example they were able to tell us how individuals expressed their concerns and how they responded to these. The staff said they shared observations with each other and discussed the best way to support each person and we saw evidence of this in the staff communication book and team meeting minutes.

The staff had a good understanding of people's cultural and religious backgrounds. These were recorded in care plans and people were supported to eat culturally appropriate diets and visit places of worship when they wanted to. We saw the staff ensuring people's privacy was respected, for example, when people were being moved using a hoist, the staff were reassuring them about what was happening and adjusting their clothes to ensure their dignity was maintained.

At our last inspection we found the provider had failed to identify and manage the risks of people receiving inappropriate care and treatment. During this inspection the manager showed us they had completed comprehensive assessments of risk for individuals and for the service. They had identified where people were at risk and how people needed to be supported so that they were safe. We looked at a sample of risk assessments. These were clear, up to date and the staff told us they were aware of the content.

There were sufficient staff employed to keep people safe and to meet their needs. During our visit we saw people were given support to undertake a range of activities. The staff were available to escort and support them when they wanted to move around the home or go out, when they were having their midday meal and when they needed support with personal care. We spoke with a member of staff who had recently been recruited. They told us that their skills and knowledge had been assessed at interview and as part of their induction. We looked at the recruitment records for three members of staff. These showed that the provider had made checks on their suitability before they started work at the service. These included references and criminal record checks.

At the last inspection we found that the provider had not made appropriate arrangements for the safe keeping, administration and disposal of medicines. During this inspection we found that improvements had been made to the way in which medicines were managed. We observed people being supported to take medicines. The staff followed procedures, explained what they were doing and allowed people to make a choice and take their time. Medicines were appropriately stored. We looked at a sample of medication administration records for four people and these were accurate. The staff undertook daily audits of the medicines held at the home. These identified any problems which were rectified straight away. All staff responsible for administering medicines were trained and their competency had been assessed.

# Is the service effective?

## Our findings

Records of staff training showed that the staff had a range of different training opportunities and these were regularly updated. For example, they had undertaken training which included care planning, challenging behaviour, food hygiene, medicines management and health and safety. In addition to formal training, the manager showed us evidence that staff were supported to learn about their roles and responsibilities during team and individual meetings. For example, the staff had recently discussed privacy and dignity. The staff confirmed they had the training they needed to support people. They were able to give us examples of specific training and what they had learnt from this. We saw them putting this training into practice. For example, the staff administering medicines and those supporting people when using a hoist did this appropriately. All new staff undertook an induction into the home which included shadowing experienced staff. A recently employed member of staff told us about their induction. They said they were given support from the manager and staff team so they became familiar with people living at the home and their needs.

Where people were able, they had given consent to their care and treatment. We saw the staff offered people choices and allowed them to make a decision about specific care tasks and what they chose to do. For example, staff asked people where they wanted to eat their lunch and what they wanted to eat. Some people were unable to communicate verbally. The staff told us about how individuals expressed their choices and how they were aware of their non-verbal communication. We saw the staff took time to observe people's response to being offered a choice. There were detailed care plans about each person's communication needs and how they expressed their choices and consent.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We spoke with the manager who understood her responsibility for making sure staff considered the least restrictive options when supporting people and ensured people's liberty was not unduly restricted. All of the people living at the home had been referred for assessments under the Mental Capacity Act 2005. On the day of our visit an external assessor was assessing three people's capacity and whether they were

being deprived of their liberty. There were detailed records about capacity assessments. We saw an example of how a team of professionals and family members had carried out a best interest meeting to make a decision about a specific aspect of someone's care. There was evidence that their capacity to make this decision had been assessed, that a range of people had been consulted and a care plan had been developed to reflect the decision made at the meeting. The staff had undertaken training regarding the Mental Capacity Act 2005. We spoke with some of the staff about this and they demonstrated they had a basic understanding of their responsibilities under the Act.

People's nutritional needs had been assessed and monitored. They were weighed monthly and where necessary people were under the care of a dietician or speech and language therapist. Some people had special diets to meet health and cultural needs and these were recorded in care plans. We saw people eating their midday meal, this had been freshly prepared by the staff. The meal time was unrushed and people appeared to enjoy this. The weekly menu reflected people's known preferences and likes. Alternatives were available for those who did not want the main choice. The amount of food each person ate, and where necessary, the amount they drank, was recorded and monitored. The staff had a good understanding of people's dietary needs and were able to give us examples about the support they gave each person. We saw people being offered snacks, hot and cold drinks throughout our visit.

People's health needs had been assessed and recorded in care plans. At our last inspection there was not enough evidence to show that people had received the support they needed from different health care professionals. At this inspection we saw people's health action plans had been reviewed and updated. There was clear information about how often each person needed to see different healthcare professionals and there was evidence they had appointments as needed. Each appointment had been recorded with any actions for staff to follow up, for example a change to someone's care plan or medicine. We saw that these changes had been implemented and the staff had followed guidelines set by other professionals. For example, one specialist was visiting a person on the day of our inspection. The staff told us how they had received training and information from this specialist to make sure they were meeting the person's needs. A member of staff

## Is the service effective?

sat in on the consultation with this person and they told us they fed back the information to all the staff. We saw evidence of this happening in staff communication books and the staff handover.

# Is the service caring?

## Our findings

At our last inspection we found that the registered person had not made suitable arrangements to ensure people using the service were treated with consideration or respect. At this inspection we saw improvements had been made. The staff had received information and training about this and were able to tell us how they should treat people and why this was important. We saw the staff being kind and caring towards people. They took time to explain what they were doing and to ensure the person was happy with this. For example, when people were leaving the house to take part in a social activity, the staff took time to explain what was happening, they made sure the person was warm, comfortable and appropriately dressed and they chatted to the person about the activity.

We spoke with the staff about how well they knew people's needs, particularly those who could not verbally communicate. The staff demonstrated a good understanding of people's personalities, their individual preferences and how they expressed themselves. They were attentive and responded to people when they expressed a need. The staff allowed people to make choices, walk freely around the home and to refuse their

support and input. When people asked for a snack or drink the staff provided this. They sat with people providing comfort and made regular checks on one person who was unwell and in bed. The staff spoke about people in a respectful way.

The majority of people living at the home were not able to communicate their needs verbally. The staff told us how each person expressed their choices and made decisions. They gave examples about how people would react to certain situations and what this meant. The new staff told us that they were well supported by experienced staff so they got to know each person's needs. We saw the staff offering people things they enjoyed and that they responded positively to this. For example one person made a decision to walk from room to room. The staff made sure they were safe and provided support when they needed this. The staff told us they used objects of reference to help people make decisions. For example, one person used a cup or the kettle to indicate they wanted a drink.

The staff respected people's privacy and dignity. People's preferences, for example for same gender carers, were recorded in their care plans. The staff made sure people's clothes were adjusted to maintain privacy and offered them discreet support with personal care.

# Is the service responsive?

## Our findings

At our last inspection we found that people did not always receive personalised care that was responsive to their needs. However at this inspection we found improvements had been made. People's care plans had been updated and better reflected their individual needs. Daily care notes showed that people's assessed needs were being met, that they undertook a range of appropriate activities, that their health and wellbeing was monitored and their enjoyment and participation was recorded. This meant the staff adjusted the way they cared for and supported people in response to people's preferences.

Where possible people's preferences and views were recorded. Their families and other representatives had been consulted to gain a wider insight into their individual needs. This had been recorded. People were supported to stay in contact with friends and family and they attended a day centre to join other people for social activities.

Each person had an individual plan of social activities which included events at home, at the day centre and in the community. Some of the staff told us they would like people to have more opportunities to use the community

and to take part in unplanned outings and events. We discussed this with the registered manager. On the day of our inspection an external entertainer visited to play music and sing with people at the home. They enjoyed this event, which took place weekly. People also attended the day centre where a varied programme of activities was planned.

The building had been suitably adapted to meet the needs of people who had a physical disability and sensory needs. Corridors were wide, well lit and included hand rails. There was a lift, adapted bathrooms and hoists for people who needed these.

There was a complaints procedure and this was provided in pictorial and easy read formats for people living at the home and others to view. Some people had the support of an independent advocate to help them to express their concerns. There was a record of all complaints and how these had been investigated and responded to. There was evidence of learning from complaints and concerns. For example, when people had raised concerns these had been discussed with the staff team so that they could review the way in which they worked.

# Is the service well-led?

## Our findings

A new manager had been appointed and registered with CQC since our last inspection. They had introduced a number of changes to improve the service. The staff told us this had a positive impact. They explained they had learnt from the new manager and felt things had improved for people living there. They told us they were able to contribute their ideas and felt listened to and valued. For example, they told us that if they had observed a person who lived at the home responding positively to a particular way they supported them, they could share this with the manager and the team, and everyone would adopt this approach.

The provider asked relatives of people living at the home, staff and other stakeholders for their views through an annual survey. They had recently sent surveys to people and had received some of these back. The comments they had received were positive. One relative had commented, "the attention to individual need and abilities is commendable". People were asked to comment on a number of different aspects of the service and the provider had responded to people's comments by incorporating them into the action plan for the service.

The manager worked closely with the staff team providing care and support to people living at the home. She had carried out an in-depth quality assessment of the service and had created an action plan where there were identified needs. We saw how staff had reviewed this action plan and recorded improvements in different areas. For example, the improvements to the way in which people's healthcare needs were met.

The provider's operations manager was also at the home on the day of our inspection. They carried out regular audits and checks on different areas of the service and created actions where there were identified problems. These audits were shared with the manager who had addressed the concerns identified at the last audit, or was in the process of doing this.

The manager showed us evidence of how she had liaised with other agencies to ensure people's needs were being met. For example, referring people for assessment under the Mental Capacity Act 2005, working with the local safeguarding authority and arranging for external health care professionals to assess people's changing needs.

All accidents and incidents were recorded and the manager analysed these, looked at how they could have been prevented and how the staff team could learn from them. These were discussed at team meetings. Analysis of accidents and incidents was included in the service's action plan and we saw how changes had been made to risk assessments and care plans following these.

The provider undertook regular checks on the environment, including cleanliness and health and safety checks. We saw that where concerns had been identified these had been reported and action had been taken to maintain safety. The building was clean and well maintained on the day of our visit. Equipment, including electrical equipment, fire safety equipment and hoists had been regularly checked and serviced.