

# Voyage 1 Limited

# Liphook Road

## Inspection report

31 Liphook Road  
Lindford  
Hampshire  
GU35 0PU

Tel: 01420487309  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
11 October 2017  
16 October 2017

Date of publication:  
21 December 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 11 and 16 October 2017 and was unannounced. The service provides accommodation and personal care for up to two people with a learning disability. There were two people living at the service at time of inspection. Liphook Road is based on two floors, connected by stairs. There were bedrooms and a bathroom on first floor of the building. The ground floor had a kitchen, lounge and a garden, which people could use.

A registered manager was not in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left in December 2015. The current manager had recently submitted an application to become the registered manager of the service.

The manager also managed one of the provider's other services and subsequently divided their time between the two. There was not a clear management structure in place. In the manager's absence, it was not always clear who the most senior member of staff was and how responsibilities for managing the service were delegated.

Not all staff followed risk assessments and guidance in order to ensure the environment at Liphook Road was safe. The service's procedures around ensuring the safe storage of sharp objects and electrical equipment were not always followed by staff. This resulted in people potentially having access to these dangerous items.

The service did not always seek feedback in order to make improvements. The manager had identified that improvements were needed and was taking steps in seeking the feedback of people and relatives about the quality and safety of the service.

Other risks associated with people's health and behaviour were assessed and monitored. People had access to healthcare services as required. However, people's care plans were not always updated after these appointments to ensure that they contained the most current information. Care plans contained detailed information about people's likes, preferences and routines. People were supported with a diet in line with their requirements, likes and cultural needs.

The management of the service had completed a series of audits and checks around the quality and safety of the service. Audits and checks had not always been effective in identifying where people's records did not contain the most current information or embedding staff's adherence to safety procedures about the safe storage of dangerous items.

People were supported to be active both inside and outside their home. Staff encouraged people to develop

their skills, try new experiences and personalise their home environment.

There were sufficient staff in place who had received training that was appropriate to their role. The manager had recently introduced a system to ensure that staff were supported in their role through regular supervision and appraisal. Staff were knowledgeable and caring about people welfare and effective in promoting their choice, dignity and encouraging independence. Staff understood the importance of gaining consent and took steps to ensure that people's freedoms and rights were respected.

The provider carried out internal quality assurance audits in order to identify areas for development and improvement. The manager was working through a set of actions identified from the provider's last audit. The manager also made a series of weekly checks to assess the safety of the service.

We identified breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe

Risks associated with people's home environment were not always robustly managed.

Risks associated with people's health were assessed and monitored.

There were sufficient staff who had gone through appropriate recruitment checks to meet people's needs.

There were systems in place to manage people's medicines.

People were protected from the risk of harm and abuse.

### Is the service effective?

**Good** 

The service was still effective.

Staff received training, induction and supervision suitable for their role.

People were supported to access healthcare services as required.

People followed a diet in line with their preferences and dietary requirements.

Staff followed legislation designed to protect people's freedom.

### Is the service caring?

**Good** 

The service is still good.

People were encouraged to personalise their home environment.

Staff treated people with dignity and respect.

People were encouraged to build their independent skills and try new experiences.

### Is the service responsive?

The service was not always responsive.

Care plans were detailed but required updating to ensure they always contained current information.

The service did not consistently seek feedback from people or relatives. The manager was taking steps to address this.

There was a complaints process in place which had been adapted to be accessible for people.

People had access to a range of activities in line with their interests.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led

The manager worked between two services and there was not a clear management structure in place during their absence.

The manager had identified areas for improvement and was working towards required changes

There were audits and checks in place to monitor key areas of the service, but not all actions taken were effective in mitigating all risks.

**Requires Improvement** ●

# Liphook 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 was planned to check 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 which took place on 11 and 16 October 2017 was completed by one inspector and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at the home and two of their relatives. We also spoke with the provider's regional manager, the manager, and four care staff.

We looked at care plans and associated records for two people and records relating to the management of the service. These included four staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The home was last inspected in February 2015, when it was rated good.

# Is the service safe?

## Our findings

There were conflicting views from relatives about how safe people felt living at Liphook Road. One relative told us, "This is a good place for [my relative]. They are settled and staff know them well." However, another relative said, "I have to question whether it is safe. There have been a lot of incidents involving [my relative]." We spoke to the manager about this feedback, who confirmed there had been incidents between people living at Liphook Road. They also showed us how these incidents had been appropriately followed up by staff to help ensure people were safe.

Risks relating to people's home environment were assessed, but staff did not always follow guidance in place to mitigate these risks. There were risk assessments in place to ensure that all sharp objects were kept in a locked kitchen cupboard. There was a risk to people and staff's safety if people were to handle these items, especially when anxious. However, on the second day of our inspection, we found that the cupboard in the kitchen was left unlocked, open and unattended. Although people were out doing activities at this time, staff had not left the sharp objects inside the cupboard securely stored as required. We brought this to the attention of the manager who told us, "One of the staff has a really good relationship with [person] and there have never been any incidents whilst they have been on shift, but it has been assessed that the cupboard needs to be locked and it should have been." On the second day of inspection, we found another storage cupboard containing electrical boxes was unlocked. This posed a risk, as people may have been able to access this cupboard containing dangerous electrical items. We brought this to the attention of the manager who told us, "This cupboard should have been locked." They showed us the service's fire risk assessment and weekly health and safety audit, which instructed staff to check that all cupboards containing electrical equipment were kept locked. The manager told us they would address this with staff immediately.

The failure by the provider to ensure they were doing all that is reasonably practicable to mitigate risks to people was a breach of regulation 12 (2) b of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks associated with people's health were assessed and monitored. One person had a risk assessment in place as they experienced epileptic seizures. The risk assessment detailed how the person's seizure presented, how staff should support the person during the seizure and when interventions from medicines and emergency services were required. Staff were aware of the procedure around the person's seizures and the actions needed to keep the person safe. Another person had a risk assessment around safely accessing vehicles. The person lacked awareness of the danger around roads. Staff were instructed to ensure that the gate at the front of the service was closed before the person left the front door. This reduced the risk of the person running into the road. When the person was out in the community, staff were instructed to park away from busy areas and roads to reduce the risk when gates were not available to provide a secure space.

Staff had the knowledge to identify safeguarding concerns and act to help ensure people were safe. All staff received training in safeguarding which helped them identify report and prevent abuse. The service had a whistleblowing policy in place. This outlined how staff could raise concerns to external bodies such as the

local authority or the Care Quality Commission if they felt unable to raise them to somebody in their organisation. Staff were confident in the use of this policy and told us about how they would raise concerns if required. The provider also had a telephone service that people, relatives, visitors or staff could call if they had seen something that had concerned them or they were worried about abuse. This service was confidential and helped to keep people safe by providing an additional facility where concerns could be raised. Records of safeguarding investigations demonstrated that the manager had reported all safeguarding concerns to relevant safeguarding authorities and had investigated concerns thoroughly in order to help keep people safe.

There were sufficient staff available to meet people's needs. Staffing was arranged by assessments of people's needs by a funding local authority. Both people living at Liphook Road required the support of staff when leaving the home. The manager had arranged for staff to be available in order for people to be able to access their regular activities. Staffing arrangements were flexible to meet people's needs to enable people to attend special events or healthcare appointments.

Safe recruitment procedures ensured that staff with the appropriate experience and character supported people. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There was a medicines management system in place for the ordering, administering, storage and disposal of medicines. The level of support, reason people took prescribed medicines, people's preferred administration routines and possible side effects of medicines were all clearly identified within a written medicines management plan. Staff managed the reordering and disposal of unused medicines with the dispensing pharmacy and had a system in place where staff would check the amount of medicines in stock against expected levels. This helped to ensure that staff could keep an accurate record of whether people had received the correct amount of medicines and the service had sufficient and correct amounts in stock.

People had plans in place in if they were prescribed 'when required' (PRN) medicines for pain or anxiety. These plans clearly identified why people required these medicines and when it was appropriate for staff to administer them. There were also plans in place for staff to monitor people after administration, in order to assess how effective the medicines were in reducing people's anxiety. One person was unable to express verbally that they were in pain. There were plans in place to identify the non-verbal signs that the person was in pain, such as changes in behaviour or particular gestures. This helped enable staff to give appropriate pain relief when required.



## Is the service effective?

### Our findings

New staff undertook a training programme prior to starting their role which reflected the needs of people. Staff new to care received training that was in line with the Care Certificate. This is awarded to staff that completed a learning programme designed to enable them to provide safe and compassionate care to people. Other staff received training in; moving and handling, equality and diversity, health and safety, fire safety, safeguarding, nutrition, medicines, The Mental Capacity Act, emergency first aid, privacy and dignity, challenging behaviour, epilepsy, food hygiene and autism awareness.

New staff undertook an induction to the service. This included reading key policies such as health and safety, reading care plans and working alongside more experienced staff in order to familiarise themselves with people's needs. The manager had introduced a system to help ensure that staff were supported in their role through regular supervision and appraisal. They told us, "There was a bit of a gap in staff supervisions whilst we had various changes in management. I have put a system in place now and it's coming together." Supervisions included reviews of staff work performance, training needs, areas for development and reflections on working practice.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. One person did not have the capacity to consent to dental treatment. A best interests meeting involving the person's parents, doctors, dentist and the manager was held. A decision was made that it was in the person's best interests to be supported to access dental treatment, with the aid of some additional prescribed medicines to help reduce their anxieties about the appointment.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found Liphook Road was following the necessary requirements. The service management had applied and received back authorisations from the local authority.

People had access to healthcare services as required. People were supported to have an annual review at the doctors where their health needs and medicines were reviewed to ensure that their most current healthcare needs were being met. People had a 'health action plan' in place. This was a document which gave an overview of people's health needs, included logs of all upcoming medical appointments. This helped to ensure that people had access to regular appointments required to promote their health and wellbeing. People had a 'hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. This was intended to be taken into hospital so medical professionals would have an overview of the person's needs.

People were supported to follow a diet in line with their dietary requirements, cultural beliefs and preferences. People were given a choice about their meals. Staff used pictures of different foods as prompts to help people make decisions about what they would like to eat. One person had specific dietary requirements in line with their religious beliefs. Staff ensured that the person was able to follow these requirements, whilst still maintaining a varied and nutritious diet.

The level of support people required around eating and drinking was identified in their care plans. One person had a risk assessment in place around choking. The risk assessment detailed how staff would need to encourage the person to eat slowly with manageable mouthfuls in order to reduce the risk of choking. We saw staff effectively follow this guidance during the inspection.

# Is the service caring?

## Our findings

People's relatives told us that they felt staff were caring and knowledgeable about their family members' needs. One relative said, "[Staff member] has a great relationship with [my relative]." Another relative reflected, "Two or three of the staff are really good and very caring."

Staff encouraged people to personalise their home and were respectful of their home environment. People had decorated their own bedrooms in a way that suited their preference. Individual's rooms were decorated very differently from each other and it was clear that people's preferences interests had been considered within the rooms design. Each person had many personal items displayed which were important to them, whether it be photographs of family members or items of nostalgic value. People were encouraged to participate in the decorating of communal areas of the home, this included painting and displaying pictures from activities they had taken part in.

People were treated with dignity and respect. Some people could become anxious around unfamiliar people. On the first day of inspection, staff took time to introduce people to the inspector and ensured that people were comfortable within their visitor's presence. Staff asked people permission for the inspector to access their care files as some people could be sensitive to other people viewing their information. Staff were conscious to talk to people kindly and patiently whilst encouraging them in their daily activities and with their personal care. Staff respected people's privacy. One person enjoyed spending time in their room alone whilst another person chose to spend time alone in the garden. Staff ensured that people were safe, but gave them the opportunity to enjoy their own company.

People were encouraged to build their independent skills. Staff encouraged people to help maintain their own home environment by supporting them to carry out light housework duties such as making beds, sweeping the floor, loading the dishwasher or doing the washing up. Some people needed encouragement to participate in these tasks and staff worked alongside them, to help ensure tasks were safely carried out and people were engaged in them.

People were encouraged to maintain relationships which were important to them. Each person had a 'relationship map' in their care files. This document contained details of relatives and friends who were important to people and the support they required from staff in order to maintain these relationships. One person's relative told us, "I speak with [my relative] every day."

People's cultural diversity was encouraged and respected. One person was chosen to follow practices associated with their chosen religion. This included adhering to dietary requirements and celebrating festivals associated with the faith.

People were encouraged to try new experiences. One person had recently been on holiday with staff. The person had travelled by plane and had been anxious about taking this mode of transport. Staff worked with the person over a series of months leading up the journey to 'desensitise' them about going on a plane. The aim of this was to reduce the person's anxieties about taking plane journeys, by making the process familiar

and comfortable. This process included showing the person pictures of holiday, talks about plane journeys and a visit to the airport. The person successfully went on holiday without any issues associated with anxiety over the plane journey.

## Is the service responsive?

### Our findings

People's care plans were detailed and contained information about people; health, wellbeing, behaviour, preferred routines, preferences, communication needs, cultural and spiritual needs and social needs. However, we found that some care plans were not always updated after health appointments to contain the most current information. Some parts of care plans had names or information relating to other people on them, making it unclear who the documents were related to. We brought this to the attention of the manager who amended the issues in the care plans we identified. The manager told us they were in the process of updating people's care plans. They said, "The main issue is getting all the paperwork updated." Records of previous staff meetings in December 2016 highlighted that issues around not updating care plans after healthcare appointments was identified by the previous manager. There was no record available about how these issues were followed up or monitored.

The manager had produced condensed care plans which contained 'snapshots' of information about the main care tasks and risk assessments associated with each person. They told us that this was used when new staff started working at the service as it gave them a succinct overview of people's needs. This helped to give new staff an understanding of how to effectively support people.

Each person had individualised care plans around their communication needs. Each plan contained bespoke words, gestures and symbols that each individual used to communicate their needs and wishes. We saw staff use these strategies effectively when engaging people when taking part in activities in the service or transitioning to other activities planned in their day. This helped to promote effective communication between people and staff.

There was a complaints process in place, but there were conflicting views about whether people felt complaints were listened too. One relative told us, "We are in regular contact with the service and can talk to staff if there are issues." However, another relative felt, "They [staff] never get back to you and never really explain what's happened." People had a service user guide in their rooms which gave them information about staff they could contact if they needed to make a complaint. The policy had been adapted to incorporate simplified language and symbols suitable for people it had been provided to. This allowed people to access and understand how to make a complaint. There was a varied opinion into how well the service communicated with people's relatives about updates and changes to people's health and wellbeing. One relative said, "Communication is good. Staff call me every day to update me." However, one relative told us, "Communication is poor, you never get told anything."

The service did not consistently seek feedback from people, relatives, staff or professionals in order to make improvements. One relative told us, "I just don't feel consulted." The manager told us that the provider had a system where questionnaires were sent to relevant parties asking for feedback about the quality and safety of the service. However, these questionnaires had not been sent since 2014. The manager told us that they planned to send out these questionnaires by the end of October 2017.

The manager had recently made efforts to give people a chance to feed back about the service and make

choices about their care through reintroducing 'house meetings'. The most recent 'house meeting' was in September 2017. This was the first meeting since September 2016. The manager told us these meetings would be taking place every month. House meetings were an opportunity for people to feed back about things which they liked or things that they wanted to do. The manager told us people had accessed new activities as a result of conversations with people in house meetings.

People accessed a range of activities which were in line with their interests. One person's relative told us, "There are plenty of activities going on. They [my relative] are busy and active." Each person had an individual schedule of groups and clubs based outside the service which they attended. These included a range of leisure, craft and social activities. When asked if they liked the activities they attended, one person smiled and nodded, indicated they enjoyed their programme of activities.

## Is the service well-led?

### Our findings

The provider did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left in December 2015. The current manager had recently submitted an application to become the registered manager of the service. Prior to the manager assuming their role, there had been three previous managers at the service since December 2015. One relative told us, "There have been so many problems with changing management." Another person's relative said, "Since the last manager left a few years ago, it has all gone downhill." The manager told us, "I think staff and people just want some consistency. There have been so many managers over the past few years."

The manager also managed one of the provider's other services. They told us they divided their time between the two services and that it was their long term intention to become registered manager at the other service, at a time when appropriate management arrangements were made at Liphook Road. They told us it was sometimes difficult to keep abreast of events at both services, they said, "It can be difficult managing between services. You might find you have a busy few days at one service and you go back and have a load of things to sort through in the other. Long term, the plan would be for me to manage [provider's other service] with a registered manager for Liphook Road." The provider regional manager also told us that they had recognised that there were difficulties managing across two services and that they were looking at different ways to support the manager in their role.

There was not a clear management structure in place at Liphook Road. One relative told us, "I don't even know who to speak to if the manager is not there." The manager told us that they had to divide their time between Liphook Road and the other service they managed. In their absence, there were team leaders and senior support workers. The manager told us, "I am trying to organise a system where duties are delegated through the service, which I will then oversee." However, on the first day of inspection, in the manager's absence, it was not clear who was the most senior member of staff at the service and who was responsible for ensuring the running of the service in the manager's absence. We brought this to the attention of the manager, who told us they would address this with staff to ensure a clear management structure was in place.

The manager carried out a series of regular audits and checks including; health and safety, infection control, legionnaires, medicines and checks of care plans to help ensure they contained current information. They also completed a weekly report to senior managers from the provider. This report detailed information about staffing levels, recruitment and feedback from visiting professionals or relatives. This helped the registered manager monitor day to day events at the service.

The audits and follow up action on identified issues relating to the safe and secure storage of dangerous items was not always effective in embedding staff's adherence to guidance designed to keep people safe. These areas were assessed and monitored in the managers audit processes and no previous issues in

relation to these areas had been recorded in previous audits. However, the manager did tell us the safe storage of sharp objects had previously been an issue that they had to address with staff. They said, "We used to have a sign on the cupboard to remind staff to lock it as it has been an issue before." Therefore the systems to ensure that risks relating to these issues were mitigated were not always effective as they were still occurring. The checks made to ensure that people's care plans contained the most up to date information were not always effective. Some people's records had not been updated after health appointments and some care plans contained references relating to other people and it was not always clear that information related to the right person.

The failure to operate effective systems to monitor and mitigate risks and ensure contemporaneous records were kept in respect of each person was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's quality team completed an annual audit of the quality and safety of the service. The audit assessed the service in terms of how; safe, effective, caring, responsive and well led it was. From the last audit in September 2017 an action plan with 93 outstanding actions was produced for the manager to complete. At the time of inspection 21 actions were completed and 72 were ongoing.

The manager recognised that improvements to the service were required. They told us, "We have had a lot of managers over the past couple of years. It is clear that some things just were not getting done and some things were not being done correctly. I have an action plan I am working through to put everything needed in place." The action plan contained timescales for actions to be completed and the provider's regional manager monitored the progress made.

The manager had made improvements to the service since they started at the service. One member of staff told us, "Yes the manager is good. It makes such a difference having somebody to support you." A second member of staff said, "It has got better since the manager has come on board." The manager had put a system in place to ensure that staff were now receiving appropriate support and guidance in their role through regular supervisions and staff meetings. The manager told us, "[Supervisions and staff meetings] were a bit inconsistent, probably through changes in management." Staff meetings were used as opportunity to reflect on incidents and improve staff's working practice. At a recent staff meeting, the manager discussed an incident which took place with a person out in the community. Staff were asked to reflect on events and agree new guidance for this activity. By staff following this new guidance, the person had seen a reduction in incidents related to this activity.

The manager investigated incidents involving people to reduce risk of reoccurrence. Incidents were recorded onto a computerised log and analysed by a behavioural therapist who was employed by the provider. From this information they would have a discussion with the manager about possible triggers to incidents, concerns/risks, changes in behaviour and suggestions to reduce incidents reoccurring. This helped to keep people safe from potential abuse or harm. In one example, one person was exhibiting a change of behaviour which resulted in a series of incidents which could cause injury to themselves or others. The manager and behavioural therapist worked together to identify a potential medical issue which might be contributing towards the person's anxiety. After a referral to the GP, additional medicines and guidance for staff were put in place. After these measures were put in place, the person saw a significant reduction in incidents where they became highly anxious.

The manager had also made improvements to ensure that people had a chance to feed back about the service and make choices about their care through reintroducing 'house meetings'. The most recent 'house meeting' was in September 2017. This was the first meeting since September 2016. The manager told us



these meetings would be taking place every month. House meetings were an opportunity for people to feed back about things which they liked or things that they wanted to do.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not done all that is reasonably practicable to mitigate all risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective systems to monitor and mitigate risks and ensure contemporaneous records were kept in respect of each person.