

# Voyage 1 Limited

## 23 Cecil Road

### Inspection report

Dronfield  
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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

The inspection took place on 2 February, 2016, it was unannounced. The home was last inspected in April 2014 when it was compliant in all areas and no concerns were identified.

The home is located in the village of Dronfield in Derbyshire and provides care and support to up to six adults with a learning disability or autistic spectrum disorder. Some people have associated conditions that included sensory disability, epilepsy and behaviour that can put themselves or others at risk. At the time of our inspection six people were living at 23 Cecil Road.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained and confident to meet individual needs. Formal supervision and appraisal sessions were in place which ensured staff were meeting regularly with their line manager and were accountable for their actions and professional development. Safe recruitment procedures were followed and appropriate pre-employment checks carried out, including evidence of identity and satisfactory written references. Staff were supported by the registered manager who worked with them to assist their continued professional development. There were sufficient staff on duty to meet people's needs and to keep them safe.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where people required special diets these were followed, though people were still allowed a choice of food within these restrictions.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure medicines had been stored, administered, audited and reviewed appropriately. People were able to access health and social care as required.

People were encouraged to make their own life choices and were being supported to make decisions in their best interests. The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff responded to their concerns and wishes. Relatives and stakeholders were

able to influence what happened to individuals.

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## 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.

People were protected from bullying and harassment by staff who were knowledgeable about safeguarding.

Risks to people was identified and plans put in place to minimise risk.

There were sufficient numbers of staff on duty to meet peoples needs.

Medicines were managed safely.

### Is the service effective?

Good ●

People received care from staff who were skilled and knowledgeable to meet their needs.

Care and treatment was provided in line with the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to have sufficient to eat and drink.

People received healthcare from community health services when this was required.

### Is the service caring?

Good ●

Positive, caring and compassionate relationships had been developed between staff and the people who lived in the home.

People were supported to express their views and make decisions about their daily lives. They were supported to do this by committed and caring staff.

People's privacy and dignity was promoted.

### Is the service responsive?

Good ●

People received care which was personal to them and responded to their needs.

People's likes and dislikes were identified and they were supported to follow their interests.

People were able to feedback to staff and the registered manager about what they felt was going well and not going so well and this was responded to.

**Is the service well-led?**

**Good** ●

The home had a safe and warm environment.

The leadership of the home was well organised and showed empathy and understanding towards both the staff and the people who lived in the home.

Quality of the service was monitored and improvements made when these were identified.

# 23 Cecil 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 was 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.'

The inspection took place on 2 February 2016 and was unannounced. The inspection was conducted by one inspector.

Before the inspection visit we reviewed the information we held about the service. This included any notifications the provider had sent us about what was happening in the home. We also contacted the Local Authority and Healthwatch for any information they may hold about the organisation which could have informed the inspection.

During the inspection we observed care practice, spoke with four people who used the service, two relatives and one professional. We spoke with one support worker, one senior carer, the deputy manager and registered manager. We looked at documentation, including three people's care and support plans and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

We undertook a Short Observational Framework for Inspection (SOFI). A SOFI is a way of observing care to help us understand the experience of people who could not talk

# Is the service safe?

## Our findings

People told us they liked living at 23 Cecil Road and felt safe there. One person said "Yes" when we asked if they felt safe. Another person told us staff needed to support them in the kitchen to "Keep me safe", and we saw this happened. Our observations confirmed people were escorted and supervised in the kitchen to keep them safe while meal preparations were underway. We spoke with relatives of the people living in the home and they told us they felt their family members were looked after. One person said "Yes, I am very confident" that my {relative} is safe there.

People were protected from avoidable harm and staff had received relevant training relating to safeguarding. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting abuse. Staff also told us they knew who to go to with any concerns they may have and they were confident any concerns they had would be acted upon. Records showed all staff had completed training in safeguarding and received regular updated training. Staff were aware of the whistleblowing policy and this was displayed on various walls around the building.

The registered manager explained to us how they used the Care Quality Commission (CQC) key lines of enquiry to ensure people were kept safe. The registered manager said they wanted to know that when family members went to sleep at night they were confident their "Loved ones were safe".

Staff explained to us how they worked with people when their behaviour put them at risk from themselves or to others. They explained how they monitored people by watching their facial expressions and actions so they know when to intervene. They told us 98% of behaviour which might be harmful was de-escalated by talking with people. Where this was not possible, staff used their own bodies to protect others from harm. The registered manager also explained how important it was to respect people's individual freedom and this helped to avoid them becoming agitated in the first place. In this way staff were helping to prevent potential harmful situations from happening.

The environment was safe and free from hazards and there were sufficient staff on duty to support the people living in the home and meet their individual needs. People told us there was always a member of staff around if they needed help with anything. The registered manager explained there was always a minimum of three staff on duty in the day time and, if necessary, they themselves were always available. They also told us senior staff lived nearby and would always be prepared to come into the home if there was a staff shortage. There was one person on duty overnight and this person remained awake so they could constantly monitor people to ensure their safety.

We checked records and could see that recruitment checks had been carried out on staff, references taken up and Disability and Barring Services (DBS) checks undertaken. DBS is a way of checking whether there are any reasons why someone should not be employed by the service. This helped to ensure people were cared for by people who were suitable to undertake the caring role.

Medicines were managed safely and consistently. We saw evidence that staff involved in administering

medicines had received training. We spoke with a senior carer regarding policies and procedures for safe storage of medicines and we saw these were followed. We also observed medicine being administered. We saw the medicine administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines.



## Is the service effective?

### Our findings

People were supported and cared for by staff who were competent, sufficiently trained and experienced. They met the needs of people effectively and in a timely way. Relatives were positive about the home and told us they had no concerns about the care and support provided to their family members. One relative told us they felt their family member was "Well cared for".

Staff told us they believed the induction was sufficient to enable them to meet people's needs. They told us they were allowed to shadow other, more experienced members of staff, for the first week so they felt safe to undertake their caring responsibilities. They were then expected to learn about the people they were caring for before they worked independently. One member of staff told us the training schedule included safeguarding, medicines, infection control and how to de-escalate situations where people were at risk from their behaviour. When we looked at records this was confirmed. Staff training records were up to date for everyone and the registered manager told us the operations manager checked staff training was up to date weekly. This was to ensure people were cared for by staff who had the right knowledge and skills to undertake their responsibilities. Staff told us they liked working in the home, one said "I really enjoy it here", another said "It's worthwhile".

The registered manager told us new staff, without previous caring experience were now undertaking the Care Certificate. They also explained how they were using "Development" booklets with all staff so they could track their progress. This helped to identify what skills and knowledge staff still required. It also helped to ensure people were cared for by staff with a good knowledge and to support staff to progress in their profession. Staff told us supervision was carried out regularly by their line manager and we saw from our records this was the case. The registered manager told us they believed it was important for "Staff to be prepared to respond to people appropriately".

People told us they enjoyed the food in the home and we could see there were a variety of foods available for people to choose from. People ate together at lunch time in one of two dining areas, unless they chose to eat in their rooms. People were involved in menu planning and also shopping locally for fresh ingredients. A choice was always available if they did not want the meal on offer that day. We saw people were encouraged to prepare the meals together, with the support of staff. This meant they were involved in decisions and choices about how the food should be prepared.

Staff were aware of people's individual dietary needs and encouraged them to eat a healthy diet. One person in the home was on a weight reduction diet and had agreed to a healthy eating plan. Another person was on a diet designed to increase their weight with support from the dietitian. However, where people had preferences for meals which were against health advice they were supported to enjoy these occasionally. This helped to ensure people were enjoying their food but were maintaining a healthy and balanced diet. We saw from records people's nutritional and dietary needs were assessed and monitored regularly. Records showed staff worked with professionals to ensure people were supported effectively to maintain their nutritional health. Each person in the home had a 'workbook' to record their health and care needs and they were encouraged to input into these themselves which encouraged them to be responsible for

their own health needs.

The provider was working within legal requirements of The Mental Capacity Act 2005 (MCA). 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their responsibilities and the principles of the legislation in relation to the MCA and DoLS and we saw that consent to care was sought before it was given. Also, that capacity assessments had been undertaken where this was required.

People were supported to maintain good health and relatives told us they were happy regarding the availability of health professionals, when necessary. Care records confirmed people had regular access to healthcare professionals such as GP's, dietitians and dentists. The registered manager told us people were supported to visit the dentist every six months and we saw this was supported. GP's visits are arranged when necessary and the registered manager said they wouldn't neglect anyone's medical needs. We saw some people were supported to attend some health appointments in the community. Individual care plans contained detailed information about healthcare provision and we saw one person had been referred to a psychologist when this was required.

## Is the service caring?

### Our findings

When we asked people if staff were kind to them they said "Yes" staff were always kind. One person told us they liked to "have a laugh with them" [staff] and they missed their key worker when they were not there. We saw people were supported by dedicated and compassionate staff who understood the individual care needs of people they were supporting. They also understood how people wanted to receive their care and were sensitive to their likes and dislikes. We received very positive feedback from people and their relatives regarding the caring environment in the home and the kind and compassionate nature of the registered manager. One relative told us they felt their family member was always looked after and another said they were "Very happy" with the caring attitude in the home. People told us staff listened to them and talked to them.

We saw one staff member interacting with a person in a very positive way and laughing and joking together. It was clear from our observation the person was enjoying the relationship. When we spoke with staff they told us about how they supported people in a kind and caring way. We saw this many times during the day when we were observing interactions and support between people and the staff. We could see staff had developed positive relationships with people. Each person had a key worker who was responsible for overseeing the monitoring of people's needs to ensure they were met. When they were not available, there was a second key worker who people could talk to and who knew them really well. However all staff in the home knew all the people living there and were familiar with their likes and dislikes. Staff told us they got to know people by reading their care plans and talking with them about their past lives, including family. They also talked to them about where they had lived before and how they liked to be supported. By doing this there was always a member of staff people were familiar with and who was familiar with them, helping to ensure a comfortable and homely environment.

The registered manager and staff demonstrated a strong commitment to providing compassionate care. During our visit we saw one person become very upset about something happening in the home. The staff member spoke with them very quietly and sensitively to try and understand what their worries were. They gave them time and space to express themselves and then offered appropriate caring and support through words and body language. We saw sensitive and respectful interaction between people and the staff, which created an environment where the person could speak comfortably with someone they trusted to talk through their worries.

People were supported to be as independent as they wanted to be and everyone had their own bedrooms. Staff explained how people chose their own meals and helped with all the cooking, if they wanted to. People were also involved in the shopping and went out regularly to get fresh ingredients for the meals. People chose when to get and when to go to bed, whether to remain in their rooms or to go out. This support helped people to be as independent as possible and created a homely atmosphere for people to live in and helped to ensure people lived with dignity.

We saw people were treated with dignity and respect at all times and staff knocked before entering people's sitting rooms. We saw someone had spilled food down themselves at lunchtime and staff very gently and quietly encouraged them to go to their rooms and change their clothes. Relatives told us they had no

concerns at all and believed their family member was treated with dignity and respect.

## Is the service responsive?

### Our findings

Staff were responsive to people's needs. One person told us staff had talked to them about what was in their care plan and they could have a look at it if they wanted to. They said "I like it" when I look at my care plan. Relatives told us they felt they had been informed and included about the decisions regarding care for their family members when reviews and care plans were updated. They told us staff knew their family members well and were confident they knew them as individuals. One professional involved with the home told us staff had involved the professional in the plans for caring for people and staff carried out advice given. Individual needs and wishes were catered for and people were encouraged and supported to express themselves in different ways. One person was very enthusiastic about a project undertaken on their behalf and was keen to show us this. We observed from the way they talked to us about this that it was a very important part of their life. Another person said they really enjoyed working in the kitchen but needed support to do this and we saw this was given. This showed that the actions and outcomes within the home were reflecting people's wishes.

In line with their wishes people were encouraged to maintain contact with family and friends and people were supported to go out. The day we visited one person went to the local shops and another person was planning a trip out. Staff told us when they had to set boundaries or limits for people due to risks they discussed this with people to help them understand the reasons for the actions.

People told us they enjoyed going to the cinema and especially one to one time with staff. We saw throughout the day this happened. One person told us they liked to "Have a laugh with them" {staff} and when their key worker wasn't there they "Missed them".

When we looked at care records we could see there were tips and knowledge about what style of communication to use with different people, as well as the things which upset or concerned them. Also the things that made them feel less anxious. We saw one person liked staff to talk to them when they became anxious as a way of calming them down. We saw details in the care records which demonstrated when people showed they wanted quiet time and when they did not. We saw care records contained a one page profile with details about the people living in the home for quick reference. The information in the care plans helped to ensure people were treated as individuals and best practise was used in all situations.

The registered manager told us they felt it was important proactive strategies were put in place which enabled people, with support, to have a good quality of life in the community.

People told us they knew who to talk to if they were unhappy about something and one person told us they had made a complaint about something and the member of staff had "Made it better". They told us "Yes, I am happy living here". Relatives we spoke with confirmed if they had any complaints they would know who to talk to and were confident their concerns would be taken seriously.

## Is the service well-led?

### Our findings

People's relatives spoke highly of the service provided and felt the home was well managed. They also spoke positively about the dedication and commitment of the registered manager and the confidence they had in them. Relatives told us how they felt the registered manager was always approachable and wanted to do their best for the people who lived in the home. Staff told us they believed the registered manager understood the needs of people and staff very well and tried to meet all their needs. Staff told us they felt well supported by the registered managers and the senior staff. Regular meetings were undertaken, both with people who lived in the home, and their relatives to ensure care was provided in a way people wished. Improvement in the service was driven through staff meetings, residents and relative meetings. The registered manager explained they would write to staff two or three times a year, especially over Christmas and the New Year, to thank them for their continued commitment to their job. This helped staff to feel motivated in the work they did.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about a very open and inclusive culture within the home and said they would have no hesitation in reporting any concerns. They were also confident that any issues raised would be listened to and acted upon by the registered manager. They described the registered manager as approachable and supportive. One member of staff told us they did not feel; "Talked down to" by senior staff and this was important to them. They went on to explain they felt respected by their managers.

The registered manager explained how they liked to support the staff to grow in knowledge and experience so they could be staff who valued the importance of good care provision. They explained how they used a 'development booklet' for all members of staff to help guide them in developing skills and knowledge and to promote good care. This was outside of the requirements of the provider for staff to undertake formal training and showed the registered manager was fully committed to the development of her staff. This was so they could provide the best care to the people they cared for. It also demonstrated how the registered manager was proactive in promoting and supporting the development of staff so they could move on to more senior roles. The positive culture in the home was reflected by the conversations we had with staff. One member of staff said "You walk in and it's a nice lovely feeling; even though it's work it's like being at home". Another member of staff said "It's just a really good care home".

Effective quality assurance systems were in place to monitor and review the quality of the service. The registered manager carried out regular audits of all aspects of the service including care planning, infection control and medicines. This helped to ensure any shortfalls were identified and improvements were made when required. The registered manager had ensured people's safety and welfare was monitored through reviews of their care. They had taken appropriate and timely action to protect people and had ensured they received necessary care, support or treatment. We saw appropriate records and documentation in place to monitor and review any accidents or incidents. This helped to identify any emerging trends or patterns and

ensured any necessary action was taken to minimise the risk of reoccurrence. The registered manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure people received the appropriate care and support they required.

Quarterly audits were undertaken in the practices around the home and the registered manager walked around the home on a daily basis to talk to people and staff to maintain open contact. They undertook an annual service review when people and their families, as well as professionals, were invited to feedback comments. An action plan was then drawn up which was acted upon and checked regularly to ensure continuous improvement in any identified issues.