

# Voyage 1 Limited

# Gorse Hill

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out an inspection of Gorse Hill on 3 and 6 July 2015. The first day of the inspection was unannounced.

Gorse Hill provides accommodation and personal care for up to ten people with a learning disability. The home is set in its own grounds and is located near to local amenities. All accommodation is single occupancy, with some rooms taking the form of a small flat, with kitchen, living and bathroom areas. All bedrooms have an ensuite bathroom. At the time of the inspection there were nine people accommodated in the home.

The service had a registered manager in post. 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.

At the last inspection on 19 and 20 January 2015 we asked the provider to ensure appropriate action was taken following a safeguarding incident and ensure the commission was notified in a timely manner. Following

# Summary of findings

the inspection the provider sent us an action plan which set out the action they had taken to ensure the regulations were met. On this inspection we found the necessary improvements had been made.

As Gorse Hill is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found staff had completed training on the Mental Capacity Act 2005 and had access to appropriate policies and procedures. However, on arrival at the service we noted one person was walking down the road and was persuaded back by the registered manager. We noted a mental capacity assessment had not been carried out to determine if the person was able to go out safely on their own. We further noted a DoLS application had not been made which meant the person was deprived of their liberty without proper authority. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding procedures and we saw concerns had been dealt with appropriately, which helped to keep people safe.

We noted there were sufficient numbers of staff on duty to support people safely and ensure that people's needs were met appropriately.

Systems and processes were in place to ensure the administration, storage, disposal and handling of medicines was safe.

We found relevant checks had been completed before a member of staff started to work in the home. From the records seen and discussions with staff we also noted staff had completed relevant training for their role and they were well supported by the registered manager.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

All people had a detailed care plan which covered their needs and any personal preferences. People were given the opportunity to discuss their care at monthly keyworker meetings.

People were able to participate in a variety of activities both inside and outside the home. We noted staff were allocated specific time on the rota to enable them to spend individual time with people.

Staff understood the needs of people and we saw that care was provided with kindness and compassion. People spoke positively about the home and the care they received.

People and their relatives told us they knew who to speak to if they wanted to raise a concern. There were systems in place for responding to complaints.

We saw there was a system of audits in place to monitor the quality of the service. People and staff were given opportunities to express their views and provide feedback on the service.

# 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.

People told us they felt safe in the home. We found a robust recruitment procedure for new staff had been followed.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures. The registered manager had reported all safeguarding concerns to the local authority.

There were sufficient numbers of staff to meet people's needs.

There were systems in place to manage medication safely.

Good



### Is the service effective?

The service was not consistently effective.

Whilst two applications had been made for a Deprivation of Liberty Safeguard, we found one person was deprived of their liberty without proper authority. We also noted a mental capacity assessment had not been carried out to assess whether the person was safe to leave the home on their own.

People were cared for by staff who were appropriately trained and supported.

People told us they enjoyed the meals served in the home and confirmed they had access to healthcare services as necessary.

Requires improvement



### Is the service caring?

The service was caring.

People made positive comments about the caring attitude and patience of staff. During our visit we observed sensitive and friendly interactions.

People said their dignity and privacy were respected. People were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Good



### Is the service responsive?

The service was responsive.

People were satisfied with the care provided. Each person had an individual care plan which informed staff about their needs and preferences.

People were supported to participate in a variety of activities of their choice.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Good



# Summary of findings

## Is the service well-led?

This service was well led.

The home had a registered manager who provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home.

Appropriate action plans had been devised to address any shortfalls and areas of development.

Good



# Gorse Hill

## 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 3 and 6 July 2015 and the first day was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We contacted and received information from the local authority commissioners who also monitor the standards within the home.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with nine people who used the service and three relatives. We also spoke with the registered manager and four members of staff. We carried out general observations of the care and support people were given. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

In addition, we looked at various records that related to people's care, staff and the overall management of the service. This included three people's care plans, two staff files, staff training records, meeting minutes, the complaints log, nine medication administration records, a sample of policies and procedures, accident and incident forms and quality assurance tools.

# Is the service safe?

## Our findings

All people spoken with told us they felt they were provided with a safe service. One person said, “The staff are nice and things are okay.” Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, “We always find everyone so friendly and welcoming. We have no concerns at all.”

At the last inspection, we found an incident had not been reported to social services under vulnerable adults safeguarding procedures. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which were in force at the time. Following the visit the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. At this inspection, we found the registered manager had ensured all concerns had been reported to the local authority in line with safeguarding procedures. This meant the necessary improvements had been made.

We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to direct staff on the action they should take in the event of any allegation or suspicion of abuse. Staff spoken with understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. We noted there was a poster and flowchart displayed in the office setting out the safeguarding procedure. Staff also had access to internal policies and procedures and information leaflets published by the local authority. The training records showed staff had received safeguarding training and the staff we spoke with confirmed this.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people’s care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. We noted from looking at people’s support plans that the risks had been identified for all aspects of people’s needs. Examples of risk assessments relating to personal care included, behaviours

which challenged the service, using the community and kitchen safety. Other areas of risk included fire safety and the use of chemical substances. There was documentary evidence of control measures and risk management strategies being in place. This meant staff were provided with information about how to manage individual and service level risks in a safe and consistent manner.

We looked at how the provider managed the safety of the premises. We found regular health and safety checks had been carried out on the environment. For instance, water temperatures, emergency lighting and the fire systems. The provider had arrangements in place for ongoing maintenance and repairs. We saw the repairs book during the inspection and noted records had been made when the work had been completed. On looking round the premises we noted all areas seen had a satisfactory level of cleanliness.

We looked at how the service managed staffing levels and recruitment. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. The registered manager explained the staffing levels were flexible and adjusted on a regular basis in line with the needs of people living in the home. Staff spoken with confirmed they had time to spend with people living in the home and people told us staff were readily available whenever they required assistance. We noted the staffing levels reflected the provider’s expectations of one member of staff for every two people using the service.

We looked at the recruitment records of two members of staff. We noted checks had been completed before staff commenced work in the home and these were recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

The recruitment process included a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. Staff completed a probationary period during which their work performance was reviewed at regular intervals. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulatory requirements.

## Is the service safe?

We looked at how the service managed people's medicines. All people spoken with told us they received their medicines when they needed them. One person was self-administering medication and we noted they were provided with appropriate storage in their bedroom. Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. We saw records of the staff training and competency tests during the inspection. Staff had access to a set of detailed policies and procedures which were readily available for reference.

The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date. There were no controlled drugs prescribed at the time of the inspection.

# Is the service effective?

## Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, “The staff are really nice, they have helped me all they can.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff spoken with told us they had received training on the MCA and we found they had a working knowledge of the principles associated with the Act. We also noted there were policies and procedures available and the code of practice. Two applications had been made to the local authority for a DoLS, one of which had been authorised. We noted the relevant documentation was in place on the person’s personal file. However, there was limited information in people’s care plans about the DoLS. This is important to ensure staff are aware of how to support people in the least restrictive way.

On our arrival we noted one person using the service was walking down the road. The person was followed by the registered manager who gently persuaded the person to return to the home for their own safety. The registered manager confirmed the person was unsafe in the community without appropriate support and would not normally go out on their own. On looking at the person’s file we noted a mental capacity assessment had not been carried out to assess whether the person was able to go out safely on their own and an application had not been made for a DoLS. This therefore resulted in an unlawful restriction. The registered manager assured us an urgent application would be made for this person.

The provider had not acted in accordance with the Mental Capacity Act 2005. This is a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the provider had deprived a person of their liberty without lawful authority. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people’s needs effectively. All staff completed induction training when they commenced work in the home. This included a corporate induction on the organisation’s visions and values, the Care Certificate and mandatory training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The provider’s mandatory training included, safeguarding, fire safety, infection control, food hygiene, health and safety, duty of care, person centred care and managing actual or potential aggression (MAPA).

Staff newly recruited to the home shadowed more experienced staff for a minimum of two weeks to enable them to learn and develop their role. Existing staff were provided with refresher training on a regular basis. We saw the staff training matrix and the overall staff training plan during the inspection. We noted there were systems in place to ensure all staff completed their training in a timely manner.

Staff spoken with told us they were provided with one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. We saw detailed records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. Staff told us they could add to the agenda items for the meetings and discuss any issues relating to people’s care and the operation of the home. Staff confirmed handovers meetings were held at the start and end of every shift during which information was passed on between staff. This helped to ensure staff were kept well informed about the care of the people who lived in the home.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. The menu was

## Is the service effective?

prepared and chosen a week in advance by people living in the home and food was purchased from local supermarkets. The menu had been colour coded to ensure people were eating a healthy diet. People were offered a choice at meal time as well as a salad option. We noted people were supported with eating their food as necessary. We saw in the care plan documentation that any risks associated people's diets were identified and managed as part of the care planning process.

We looked at how people were supported to maintain good health. Records looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted

assessments had been completed on physical and mental health. People also had a health and welfare file, which provided an overview of current and past medical conditions, weights and healthcare appointments. People were given support to attend appointments and were given the option to speak to healthcare professionals in private. We noted people accessed healthcare services during our inspection. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We noted arrangements were in place to ensure all people had an annual healthcare check, which was carried out by a learning disability nurse.

# Is the service caring?

## Our findings

People and their families were satisfied with the care and support provided. One person said, “The staff are very kind and helpful” and another person commented, “The staff are very caring and really good.” We observed sensitive and caring interactions between staff and the people using the service throughout the two days we spent in the home. Relatives spoken with expressed satisfaction with the service. One relative told us their family member was “Really happy” and “Enjoyed living in the home.” The relatives also confirmed there were no restrictions placed on visiting and they were made welcome in the home.

Staff spoken with understood their role in providing people with effective, caring and compassionate care and support. There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

Since the last inspection arrangements had been put in place to ensure people spent individual time with staff. We noted this time was allocated on the staff rota and recorded within people’s daily care records. People spoken with confirmed they had time with staff. One person explained they had used the time to do some reflective writing to gain a deeper understanding of their circumstances, thoughts and feelings. People said the routines were flexible and they could make choices about how they spent their leisure time. People told us they could get up and go to bed in line with their own preferences.

People told us they were happy with their bedrooms, which they were able to personalise with their own belongings

and possessions. This helped to ensure and promote a sense of comfort and familiarity. People’s privacy was respected. Each person had a single room which was fitted with appropriate locks. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about the operation of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting.

People were encouraged to express their views as part of daily conversations, residents and keyworker meetings and satisfaction surveys. The residents’ meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings and noted a variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice. We noted a planned residents’ meeting was advertised on the notice board in the dining room.

We observed staff encouraged people to maintain and build their independence skills, for instance since our last inspection people were offered the opportunity to prepare, cook and serve the evening meal alongside staff. Tasks had been risk assessed to ensure people were able to use equipment safely.

Information was available for people in the form of a handbook. This set out the aims and objectives and the facilities available in the home. The handbook was presented in an easy read format and included pictures to illustrate the main points. Information was available about advocacy services. This service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection, four people living in the home received support from an advocate.

# Is the service responsive?

## Our findings

People told us they were happy with the care and support they received from staff. One person said “Everything is good. I really like it here.”

Before a person moved into the home an assessment of needs was carried out by two managers. People were also invited to visit the service so they could meet other people and the staff. The assessment process was designed to consider all aspects of people’s needs and individual circumstances. We saw completed assessments during the inspection and noted information was gathered from a variety of different sources as appropriate, including the person’s social worker. Following the assessment a transition plan was devised to ensure a new person moved into the home at their own pace.

People spoken with confirmed they had been consulted about their care needs, and had been involved in the support planning process. We looked at three people’s care files and from this we could see each person had an individual support plan which was underpinned by a series of risk assessments. The plans were split into sections according to people’s needs and the files contained a one page profile. The profile set out what was important to the person and how they could best be supported. The plans also contained a description of a typical day, which included people’s preferences. We found the care plans were detailed and provided information about people’s needs and preferences.

From looking at people’s care records we noted one person’s plan had been regularly updated in line with changes in their needs. However, it was evident other people’s plans had not been updated for some time. The registered manager was aware of this situation and assured us she had arrangements in place to carry out reviews of people’s care.

The care plans were supported by daily care records, which included details of the care provided and how people

spent their time. Since our last inspection the registered manager had ensured people had participated in monthly keyworker meetings. We saw evidence of the meetings during our visit.

We discussed the arrangements for activities, with people living in the home, the staff and the registered manager. We found improvements had been made since our last inspection. We noted people were given the opportunity to participate in a variety of activities and accessed the community on a regular basis. During the inspection we noted one person visited Blackpool, two people went shopping and several people went to a local pub. People told us they also enjoyed going to restaurants, the local park and Gateway club. One person had a part time job at a nearby social club. Activities were also arranged inside the house including arts and crafts, cooking, jigsaws and board games.

We found positive relationships were encouraged and people were being supported as appropriate, to maintain contact with relatives and friends. People spoken with told us about the contact they had with families and the arrangements in place for visits. Staff spoken with told us how they supported people to keep in touch with relatives and friends.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The procedure was displayed in an easy read format on a notice board for people’s reference. The provider also operated a “See something, Say something” card which people could complete and send to head office if they didn’t wish to raise issues in the home. There was a record of complaints and one recorded complaint which was about another service. We noted an investigation report had been compiled in response to the complaint.

# Is the service well-led?

## Our findings

All people spoken with told us the home was well run and organised. Relatives spoken with also made complimentary comments about the service. One relative told us, "Everything seems to run smoothly. The manager seems to be on top of things."

At the last inspection, we found we had not been notified of an incident in the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations. Following the visit the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. At this inspection, we found the registered manager had submitted all necessary statutory notifications to the commission without delay. She had also sent us updates so we were aware of on-going issues in the home.

Since the last inspection a new manager has been registered with the commission. The registered manager had been in post for approximately three months. All people and staff spoken with made positive comments about the registered manager, who they described as "Supportive and approachable".

The registered manager told us she was committed to the continuous improvement of the service. At the time of the inspection, she described her achievements in the last three months as establishing leadership in the home, ensuring all staff had received an individual supervision and improving care practices. She also told us about her plans for the future development of the service and her key challenges. These included improving record keeping and ensuring all people's needs were met.

Staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. They said they

were confident to raise any concerns or discuss people's care. There were clear lines of accountability and responsibility. If the registered manager was not in the home there was always a senior member of staff on duty.

We noted relatives had been given the opportunity to complete a satisfaction questionnaire and questionnaires had been printed for people living in the home. The registered manager explained these were due to be distributed shortly after the inspection. People were able to express their views on the service during the time spent with their keyworker and at residents meetings.

There were a number of quality assurance systems in place to assess and monitor the on-going quality of the service. These included audits carried out on a daily, weekly, monthly, quarterly and annual basis. These encompassed all aspects of the operation of the home for instance medication, finances, staff training and health and safety and included action plans in order to address and resolve any shortfalls. The actions were transferred onto a consolidated action plan, which was one action plan for the home so they could easily be monitored. We tracked an action identified on an audit through to the consolidated action plan to make sure the system worked in practice.

The home was also subject to external quality checks by representatives from the organisation. The operations manager also visited the home on a regular basis and compiled a detailed report of their findings. We saw a copy of an audit carried out by the operations manager during the inspection and noted an action plan had been devised to address shortfalls.

The registered manager was part of the wider management team within Voyage 1 Limited and met regularly with other managers to discuss and share best practice in specific areas of work.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**The provider had not acted in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The provider had deprived a person of their liberty without lawful authority. Regulation 13 (5)**