

# Voyage 1 Limited

# Church Road

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Church Road specialises in the care of people with learning disabilities, autism and physical disabilities. The service is registered to provide care to a maximum of nine people, nine people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because the size of the service having a negative impact on people was mitigated by the building design. The service was divided into two areas. Church Road Heights provides accommodation for up to four people in self-contained flats. The main home is able to accommodate five people in en-suite bedrooms with shared communal areas. The provider arranged the service in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had individual activity plans in place based on their assessed needs. We found the activity plans were not always being followed by staff. The provider was aware of this and had plans in place to address it.

The way people's medicines are managed had improved since our last inspection. People received their medicines in the way prescribed for them. The systems to safeguard people had improved. There were effective governance systems in place to monitor the quality of the service.

There were enough staff available to support people. Staff were recruited safely. Risks to people were identified and guidance was in place for staff to reduce the level of risk to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received regular training and were knowledgeable about their roles and responsibilities. Staff received one to one supervision and told us they felt supported.

Support plans were detailed and reviewed regularly.

People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals and followed professional advice and guidance when needed.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence.

We received some mixed feedback from relatives on how they thought their concerns and complaints would be listened and responded to.

People and staff commented positively about the registered manager and deputy manager. We received some mixed feedback from people's relatives relating to the management of the service and communication. Staff told us the culture of the service had improved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 September 2019). At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12, (Safe care and treatment), regulation 13 (Safeguarding service users from abuse and improper treatment) and regulation 17, (Good governance). We also found one breach of regulation 18 of The Care Quality Commission (Registration) Regulations 2009 (Notification of other incidents).

Following this inspection, we served a warning notice for regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We completed a targeted inspection on 21 November 2019 to check the action the provider had taken in response to the regulation 13 breach. At that inspection we found the requirements of the warning notice had been met.

The provider completed an action plan after the last inspection in relation to regulations 12 and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and regulation 18 of The Care Quality Commission (Registration) Regulations 2009 to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Church Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The first day of the inspection was carried out by two inspectors and a member of the CQC medicines team. The second day was carried out by one inspector.

#### Service and service type

Church Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

#### During the inspection

As part of our inspection we spoke to one person and one relative about their experiences. Not everyone

was able to tell us about their experiences of living at Church Road, we therefore used our observations of people interacting with staff. We also spoke with five members of staff, the registered manager, the deputy manager and the providers operations manager. We reviewed a sample of people's care and support records. We also looked at records relating to the management of the service such as incident and accident records and complaints. We reviewed medicines systems and records. We looked at eight people's medicine administration charts, and checked storage arrangements, policies and procedures, and medicines records and audits.

After the inspection

We spoke to five staff members on the telephone. We received feedback from five relatives and requested feedback from four professionals who visited the service. We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure safe and effective safeguarding procedures and processes were in place to protect people. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Not everyone was able to tell us if they felt safe with the staff supporting them. People however looked comfortable in the presence of staff. One person told us, "I feel safe, I lock my door at night."
- We received some mixed feedback from relatives relating to how safe they thought their family members were. One relative told us, "They look after [name of person] safety." Another relative commented they thought their family member did not feel completely safe, due to incidents that had occurred in the home. They told us their family member would benefit from a call system they could access from their bed. We discussed this with the registered manager who told us they would arrange for this to be put in place.
- There were safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. Staff understood the possible types of abuse people could be subjected to, and how to report it both internally and externally. One staff member told us, "I would go to the senior, [name of registered manager] or to higher management. I am aware of whistleblowing and that I can contact the Care Quality Commission (CQC). I am confident in [name of registered manager and deputy manager] they are both very passionate about the house. I have never seen anything here, the staff care very well, I definitely feel confident to report any concerns." Another staff member commented, "I would go straight to the shift leader and manager, head office, the safeguarding team, or CQC. [Name of registered manager] would 100 percent take action, I would report if they didn't. I've never seen anything here, I would absolutely report it, people are 100 percent safe here."
- Where safeguarding concerns had been raised, the registered manager informed the appropriate authorities and took action to keep people safe.
- Staff received safeguarding training as part of their induction and had regular updates.

Using medicines safely

At our last inspection the provider had failed to ensure people were fully protected from the risks relating to the management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made since our previous inspection. New checks and audits had been introduced, and further staff training, and competency checks have taken place.
- People whose records we reviewed received their medicines as prescribed for them.
- Improvements had been made to the records kept about 'when required' medicines. Protocols were available with person centred guidance on when it would be appropriate to give doses to each person. These were kept under review. Staff were aware of STOMP (a prescribing initiative which aims to stop the over-medication of people with a learning disability, autism or who display challenging behaviours). People's 'when required' protocols listed other techniques which may help them to avoid the need for a sedative medicine.
- Staff had received further medicines training since our last inspection, and competency checks had been completed to make sure they gave medicines safely. These were repeated for staff if they had been involved in any medicines incidents.
- There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines. Medicines had been moved to a new storage area. Storage temperatures were now being monitored to make sure medicines would be safe and effective. However upstairs, medicines had been moved to a new temporary storage area in the living area. At our inspection the key to one of the safes had been left out on top of it. This was immediately placed back in the secure area only accessible by authorised staff.
- Errors and incidents were closely monitored, and they were dealt with and reported appropriately. The number of incidents had reduced since the changes and improvements were fully implemented.
- Staff recorded daily checks for people's medicines. Regular medicines audits were completed, and we saw that any issues were identified, and actions taken if necessary.

#### Assessing risk, safety monitoring and management

- People had individual risk assessments in place. We reviewed examples of risk management in relation to health conditions and accessing the community.
- The registered manager gave us examples of how they had promoted positive risk taking in the service. They demonstrated the positive impact this had on people.
- The service environment and equipment were maintained. Records were kept of regular health and safety and environmental checks. Fire alarms and other emergency aids were regularly tested and serviced.
- Individual and personalised emergency plans were in place to ensure people were supported to evacuate in an emergency.

#### Staffing and recruitment

- Staffing levels were based around people's individual needs.
- Staff told us there were enough staff to meet people's needs. They said at times they were busy, due to staff sickness, but usually shifts were covered. One staff member told us, "Generally shifts are covered, staff sickness is covered most of the time." Another staff member commented, "Staffing is ok, apart from when we have sickness. [Name of registered manager and deputy manager] will help out, and staff pick up overtime."
- One person told us, "I have a bell and if I use it the staff do come."
- Relatives told us there had been a high turnover of staff, and changes in the staff team. They said there were some longer standing staff members still working at the service.
- Safe recruitment systems were in place to ensure suitable staff were employed.

### Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The home was clean and free from malodours.

### Learning lessons when things go wrong

- Where incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence. We found one instance where a risk assessment had not been updated following an incident. We discussed this with the deputy manager who updated the risk assessment straight away.
- Incident and accident forms were completed and reviewed by the registered manager and deputy manager who had oversight of the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans were based on their assessed needs and preferences.
- Staff followed guidance in relation to people's identified health needs. During our conversations with staff it was evident they understood people's needs.

Staff support: induction, training, skills and experience

- We received some mixed feedback from relatives relating to whether staff had the right skills to support their family member. One relative told us, "From what I've seen the staff training seems sufficient." Another relative commented the skills of the staff team, "Varied hugely." A third commented they thought the longer standing staff members had the skills to meet their family members needs.
- New staff were required to complete an induction to ensure they had the required skills and competence to meet people's needs. The induction was linked to the Care Certificate, to enable staff to understand the national minimum standards.
- Staff commented positively on the training they received. One staff member told us, "The training is good, we do face to face and e-learning. I feel trained to do the job."
- The training record showed staff received continual training in subjects to meet the needs of the people they supported.
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "Supervisions are supportive, and we can request one if we want one."

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

- People were involved in choosing their meals. Menus were based on people's likes and preferences, if people did not want what was on the menu they could choose an alternative option.
- People's food likes, and dislikes were recorded in their care plans.
- Where people required support with their nutritional needs and specialised diets, care plans were in place detailing the support they required. Staff had a good understanding of people's nutritional needs.

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

- The home was suitable to meet the needs of the people.
- People's bedrooms were personalised with pictures and items of their choosing.

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

- People's changing needs were monitored and were responded to promptly.
- People were supported to attend health appointments. One relative told us, "They recognise changes and support health appointments, I am always told anything that goes on, they are on to it straight away."
- Records showed people accessed the opticians, dentist, GP, and hospital appointments when required.
- People had health action plans which were kept updated. Staff supported people to attend routine health checks as well as appointments for specific health needs.
- The service was involved in an initiative to identify early warning signs that a person was becoming unwell, where the person was unable to verbally communicate this to staff. This involved noticing the signs when they were becoming unwell and the action staff should take to escalate this.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions had been considered and mental capacity assessments had been completed. When people did not have the mental capacity to make a decision, a meeting was held to confirm actions in the person's best interests. This process included professionals and people of importance to the person.
- At the time of our inspection, four people had an authorised DoLS and the other two were pending assessment with the local authority.
- Two people had conditions on their DoLS and these were being met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received concerns from one person's relative regarding their family member being able to express their view. This had involved the person not being informed of an event that had an impact on them until the day before. The registered manager and deputy manager told us they had reflected and learnt from this.
- People were involved in making day to day decisions about their support. One person told us, "I do what I choose to do."
- Staff told us they involved people in making decisions and respected their wishes. One staff member told us, "Everyone is offered choices, we use visual prompts, you can tell people's choices by their facial expressions."
- Relatives told us people were able to make decisions day to day about their care but staffing sometimes impacted on this. One relative told us, "[Name of person] makes decisions, they are limited to two to three choices. They [staff] respond from what I've seen, they offer them choices." Another relative commented, "Decision making varies day to day, if they are short staffed things are not always picked up on and followed through."

Ensuring people are well treated and supported; respecting equality and diversity

- Not everyone could tell us their thoughts about the staff, however people were relaxed in their company. One person told us, "The staff are nice I have my favourites, [name of staff] is my keyworker."
- We observed staff were warm, friendly and kind to people.
- Relatives told us staff were caring. Comments from relatives included, "From what I see they are fine, [name of person] has a good relationship with all the staff", "We are happy with the care given by long term staff members we know", and "The staff are very caring, [name of person] has a good relationship with staff."
- Staff knew people well and spoke positively about their work and the people they supported.
- Daily records were written respectfully and contained relevant details of the care people received and how they had spent their time.

Respecting and promoting people's privacy, dignity and independence

- People could have private time in their bedrooms when they wished. One person told us, "I can go and spend time on my own."
- People were supported to maintain and develop relationships with those close to them.
- People were supported in promoting their independence. Staff understood the importance of supporting people to do as much as they could for themselves. One person told us, "I can do something's myself and

need help with others, staff help me with what I can't do."

- Information about people was kept safe and secure. Records were stored securely to ensure personal information was not seen by people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had activity plans in place that were based around their assessed needs. People's daily records showed that these plans were not always followed. For example, one person who needed to have regular daily walks often was just taken out for a drive by staff. Another person had only been out on seven activities in the month of January 2020. We discussed this with the operations manager who told us they had identified this as an issue and had put plans in place to address it.
- The service had vehicles available to support people to attend the local community and places of interest.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and preferences.
- The registered manager gave examples of how they had identified areas where they could potentially improve people's lives. This was relating to the environment, and changes in staffing arrangements. Staff confirmed the changes had a positive impact on people.
- Care plans were person-centred and detailed. They identified people's care needs and preferences for how they liked to receive care.
- People's oral care was considered, along with their social and emotional needs.
- People had sensory profiles to help staff understand the purpose of why people behaved in certain ways and how best to support people when they became distressed.
- Staff had a good knowledge of people's needs and preferences. Relatives told us staff [particularly long-standing staff] knew their family members well. One relative told us, "Staff know [name of person] well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in line with the AIS. These needs were shared with others including professionals.
- Where people did not communicate verbally staff demonstrated an understanding of how to communicate and understand what people wanted and needed. There were communication profiles in people's care plans.

Improving care quality in response to complaints or concerns

- One person said they would speak to the deputy manager if they were unhappy, they commented, "I like [name of deputy manager], I can talk to them and they listen."
- Relatives told us they felt able to raise concerns with staff or the registered manager, however we received mixed feedback on whether they felt they would receive a response. One relative told us, "I feel able to speak up, they listen and have always responded, over the years there have been a few complaints raised and they have responded." Another relative told us they had requested a copy of the complaints procedure but had not received this. They went on to tell us when they had raised concerns action points had not always been completed and communication had not always been good.
- There had been one complaint raised in the service in the past year. This was responded to in line with the providers policy.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure effective systems were in place to monitor the service and ensure shortfalls were addressed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were systems in place to monitor the standard of care provided at the service. The registered manager and provider had a range of audits and action plans in place to identify shortfalls and areas of improvement. The systems in place to manage medicines and safeguarding incidents had improved.
- The register manager had been managing the service since November 2019. They had transferred from one of the providers other homes.
- The operations manager spent time in the service each week and was available to provide support to the registered manager and staff.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management and senior structure in place.

At our last inspection the provider had failed to notify us of incidents which had occurred in line with their legal responsibilities. This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Statutory notifications had been submitted by the registered manager and provider in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us the culture in the service had improved. Comments from staff included, "Everyone is a lot happier now. [Name of registered manager] has made changes they have been positive. [Name of

registered manager] has a positive vibe, they are approachable. [Name of deputy manager] is very supportive. They make you feel valued and thank you, it's really good", and "Things are getting better, it's a lovely place to work."

- The registered manager was committed to providing person centred care to the people being supported by the service.
- Relatives told us they felt able to approach the registered manager and deputy manager. We received mixed feedback on how confident they were about getting a response. One relative told us, "I have a good relationship with [name of deputy manager] and I really like [name of registered manager]. I have emailed them and sometimes I get answers sometimes I don't." Another relative told us, "I don't know [name of registered manager] as such, [name of deputy manager] they are fantastic." A third relative commented the management of the service was "Excellent", they went on to say there had been changes in managers however, which they had found "Disconcerting."
- Staff told us they were committed to providing person centred care and the best outcomes for people. One staff member told us, "We want them [people] to have a happy, normal life, work towards their goals and independent living. [Name of person] is using their voice touch cards [communication tool] so they can make more choices, we want them to have more of a voice."
- Staff told us the registered manager was always available and approachable. One staff member told us, "Since [name of registered manager] has come in the place has improved tenfold. I feel respected and listened to. [Name of deputy manager] is brilliant, they are positive and listen and they have always been there." Another staff member commented, "[Name of registered manager] is good, they have a lot of experience. It's been positive having them here, I can approach them and ask them things."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.
- Our previous inspection rating was prominently displayed at the service and was clearly in view for people to see.

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

- People were involved in the running of their home. Staff had arranged tasting sessions of different types of food to develop the menus with people's involvement. They recorded people's preferences and this formed the basis of the menu.
- One person was employed as part of the providers Quality Assurance team. This involved them attending unannounced visits to services and conducting quality monitoring visits. They provided feedback on the service based on their findings.
- Staff confirmed they attended staff meetings. One staff member said, "I attend staff meetings, and we are listened to."
- An annual survey was carried out to seek feedback from people and their relatives. We saw the results of the survey carried out in April 2019. Action points had been created from the feedback where required.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.
- The registered manager and deputy manager gave an example of a recent learning event. This had

involved a person not being informed of an event that had an impact on them until the day before. The persons relative raised concerns with us about this event. The registered manager and deputy manager told us they had reflected and learnt from this.