

# Voyage 1 Limited

# St Philips Close

## Inspection report

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Date of inspection visit:  
03 March 2020

Date of publication:  
30 March 2020

## 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

### About the service

St Phillips Close is a residential care home and is registered to provide accommodation and personal care. The building is purpose built and provides facilities and living accommodation for up to eight people who live with a learning disability and/or a physical disability. There are two separate buildings which accommodate four people in each.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they liked living at St Phillips Close. They told us staff were kind and caring.

People were protected from the risk of harm. There were enough suitably trained staff to meet people's needs. Robust recruitment procedures were followed. Risks to people's safety and welfare were identified and managed. People's medicines were managed safely. We spoke to the senior to ensure all creams were labelled.

People's needs were assessed, and support plans included information about their needs and preferences. Staff knew people well and knew how they liked their care to be delivered. Staff treated people well, they were kind and compassionate. People's privacy and dignity were respected, and people were supported to be as independent as possible.

The home was clean and well maintained. The design and décor of the building took account of people's needs.

The provider worked well with other agencies to make sure people experienced safe and effective care. The management team were open and clearly committed to the continuous improvement of the service. People were listened to and no complaints had been raised at the service.

The provider had systems in place to monitor the quality and safety of the service. We saw these were effective in making improvements to the service. For example, best interest and mental capacity assessments were in the process of being updated for people in the home with support from family and advocates.

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.

The service applied the principles and values apply 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.

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

The last rating for this service was Good (published 20 July 2017)

Why we inspected

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?

Good ●

The service was 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.

# St Philips Close

## Detailed findings

### Background to this inspection

#### The 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

Two inspectors completed the inspection.

#### Service and service type

St Phillips Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the senior on shift due to the registered manager being away from the

service on the day of inspection.

We reviewed a range of records. Including multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe. One person said, "Yeah, I like it. The whole thing makes me feel safe. I just like it." Another person said, "Yes, staff make me feel safe."
- The provider had systems in place to protect people from harm. The senior member of staff and the registered manager understood their responsibilities. Any concerns raised were acted on and reported to the relevant authorities.

Assessing risk, safety monitoring and management

- Risks to people's safety was managed.
- Support plans included up to date risk assessments relating to areas such as falls, bed rails and nutrition. Staff knew what they needed to do to manage risks, for example, we saw them gently reminding people about their footplates on wheelchairs.
- Support plans contained personalised evacuation plans (PEEPs) which showed what support people would need to remain safe in an emergency such as a fire in the home.
- The premises were maintained safely. Records showed all installations and equipment were checked, maintained and serviced.

Staffing and recruitment

- There were enough suitably trained and competent staff to keep people safe and meet their needs.
- Recruitment of new staff was done safely. All the required checks were completed before new staff started work.
- People told us they liked the staff. One person said, "[name of staff member] helps me."

Using medicines safely

- People's medicines were managed safely. However, we spoke to the senior staff member to ensure medication had labels on to include open and expiry. They told us this would be completed straight away.
- Medicines were stored securely. People told us they received their medicines as prescribed and this was confirmed by the records.

Preventing and controlling infection

- The home was clean and tidy.
- Staff were provided with and used personal protective equipment such as gloves and aprons.

### Learning lessons when things go wrong

- The provider had systems in place to support the learning of lessons when things went wrong.
- Accidents and incidents were recorded and reviewed to look for trends or patterns. This included looking at actions to reduce the risk of recurrence.



# 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 individual needs were assessed before they started using the service.
- People who used the service, their relatives and other professionals were involved in the assessments to ensure they reflected people's needs.
- Protected characteristics under the Equality Act 2010, such as religion, culture and sexual orientation were considered during the assessment process.

Staff support: induction, training, skills and experience

- Staff were trained and supported in their roles. New staff had been inducted and shadowed more senior staff.
- Staff told us they had access to all the training they needed and said they felt very well supported. One staff member said, "Yes, we have completed a lot of training." Another staff member said, "Yeah, although I am better with hands on learning rather than online training."
- Staff received regular one to one supervision meetings and annual appraisals which provided staff the opportunity to discuss their support, training and development needs.

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

- People were supported to maintain a healthy balanced diet.
- We observed staff supporting people to prepare meals and drinks. One person said, "I have lost quite a bit of weight now. I am really pleased."

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

- People were supported to access healthcare services, for example, dentist and optician appointments.

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

- The service was adapted to meet the needs of people living at St Phillips Close.
- There was ample room for people to manoeuvre wheelchairs in the corridors and in their bedrooms.

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.

- The service was working within the principles of the MCA.
- People's capacity to make decisions was assessed and recorded. However, the registered manager was in process of completing some people's capacity assessments. The registered manager had an action plan to support this.

# 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 good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness, compassion and respect. One person said, "Oh yes, they are kind and caring. [name of staff] is really nice."
- Staff knew people's needs and their likes, dislikes and preferences very well. Staff spoke with people with warmth and sensitivity.
- All interactions we observed were kind, caring and positive. People were relaxed and happy in staff's company.

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

- People were involved in making their own decisions and their choices were respected.
- Staff we spoke with told us they felt people could express their choices. One staff member said, "We talk to them [people] or give them choice – hold objects in hands so they can make the choice. Lookout for body language. You get to know them."
- We observed people making choices about what they would like to do and what they would like to eat.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. We observed this throughout inspection. Staff asked people's permission before going into their bedrooms.
- Staff encouraged people to be as independent as possible. One person was encouraged to take responsibility for their own purse and money when going out to the shops. Others were supported to participate in household tasks like shopping.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's support plans were detailed, personalised and easy to read. These identified what was important to people and how they communicated their wishes and preferences to staff.
- Support plans covered all aspects of people's daily living, care and support needs. They were reviewed on a regular basis to ensure they remained up to date.
- End of life conversations had been held and these were in people's support plans. Staff had not received any formal training in this. We spoke to the registered manager about this who said they would look into this training.

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 communication needs were assessed and recorded in their support plans. These provided staff with detailed guidance on how best to communicate with people.
- Staff could describe the ways in which people communicated their needs. One staff member said, "It depends which service user it is, they all need different types of communication. Depends who it is. Some of it has to be explained clearly, slowly, simple terms. One person who is deaf, we use more facial expressions and body language and hand gestures. It's all in their support plans."

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 told us they could choose what they wanted to do.
- People told us they accessed the community. For example, trips to Knowsley safari park, theatre, cinema, shopping, farms, pubs. One person said, "I normally go out somewhere. White rose or somewhere. I like watching gameshows and that." Another person said, "I like to watch my DVD's and I like to go out and about but not for too long."

Improving care quality in response to complaints or concerns

- The service had an up to date complaints policy in place.
- No-one had made any complaints since the last inspection.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and provider were aware of their responsibilities to apologise to people when mistakes were made and act on their duty of candour.
- The registered manager and staff team were very open and transparent. The registered manager knew people very well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider had effective systems in place to ensure the service was safe and quality care and support was delivered.
- The registered manager and provider completed audits on all areas of the service. When shortfalls were identified, an action plan was put in place to drive improvements.
- There were systems in place to record feedback received about the service. This included surveys which showed people and their relatives were happy with the service.
- The registered manager knew their obligations. Notifications had been sent to us appropriately.

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

- Staff said they were able to share their ideas and felt listened to. Staff meetings were held, which gave staff the opportunity to raise issues and make suggestions to improve the service. Staff told us they found the management team supportive.

Working in partnership with others

- The registered manager and staff team maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.