

Voyage 1 Limited

# Anro House

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 22 February 2016 and was unannounced.

Anro House provides accommodation and support to up to five adults who may have learning disabilities or need support to maintain good mental health.

There was a registered manager in post who was present at the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by a deputy manager. They were also the registered manager of another service in Dover. The registered manager had been in charge at the service for a long time. They knew people and staff well and had a good oversight of everything that happened at the service. The registered manager led by example and promoted the ethos of the service, which was to support people to achieve their full potential. The registered manager also made sure there were regular checks of the safety and quality of the service. She listened to peoples' views and opinions, and acted on them.

Staffing levels were sufficient and planned in line with people's needs and activities. The levels were flexible to meet the needs of the people throughout the day and night.

There was a training programme in place, which included induction training for new staff, to ensure they had the skills and competencies to fulfil their role. The registered manager supported staff so that they were effective in their role to care for people, and deliver consistent quality care. Each member of staff also had an annual appraisal to discuss their future training and development needs. All staff were checked and had the relevant documentation in place to make sure they were safe to work at the service. Staff fully understood their roles and responsibilities, as well as the values of the service.

Staff were aware of how to protect people from harm, and how to report any concerns. Staff respected people's dignity and were kind and caring. They supported people to have meaningful lives and supported them to learn and develop new skills.

Risks to people had been identified and staff had clear guidance in place to ensure that people were supported people in the least restrictive way, to ensure they maintained their chosen life styles.

People had access to health care services to meet their needs, and professional guidance was implemented when people needed further support. People told us how they were able to visit their doctor if they felt unwell, and were supported by staff to do this.

People told us they received their medicines safely. Effective systems for the management, administration,

storage, and disposal of medicines were in place. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which applies to care homes. The registered manager and staff understood the principles of the Mental Capacity Act 2005, and arrangements were in place if people were at risk of being deprived of their liberty. People were supported to make decisions and choices about all aspects of their lives.

The registered manager assessed people's needs before they moved in the service. They looked at staffing levels to ensure the person's need would be fully met. People were happy with the care and support they received. Each person had a personalised care and support plan with detailed information of each aspect of their lives. Pictures and photographs were included in the plans to make the plans meaningful to people. Staff had a good understanding of how people preferred to communicate, and supported people with sign language if they needed further support.

People and their relatives had been involved in planning and making decisions about their care. People told us how they were supported to maintain and continue to develop their independence. They spoke about their regular care plan reviews, noting their achievements, and what they had planned for the future.

There was a calm and relaxed atmosphere, with lots of conversations and laughter. People talked about their lives, what hobbies and pastimes they enjoyed, including going to the local pub. People had choices about how they wanted to live their lives, and staff supported them to reach new goals, and do the things they wanted to do. People's individual religious preferences were respected and staff supported them to attend church services.

Each week people were involved in planning the menu and cooking meals. Staff had an awareness of people's nutritional needs and supported people to maintain a healthy diet. Meal times were flexible to meet individual choices and preferences.

People told us they would not hesitate to raise a complaint. Staff knew people very well and people told us they would tell staff about any concerns or complaints. People told us that staff listened to them and would take the action necessary to resolve their concerns.

People told us that the service was well organised. Staff told us they were supported by the management team and the service was well led. There was an open and positive culture within the staff team. Staff were motivated and passionate about working and supporting people living at the service. They applied best practice to help improve people's quality of life.

## 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.

Staff knew the signs of abuse and how to protect people from harm.

People were being supported to take risks in the least restricted way to live their lives as they chose.

There were enough staff on duty to support people's activities, hobbies and appointments.

Recruitment safety checks were carried out before staff started to work at the service to make sure they were suitable to work with people.

Medicines were managed safely and people were supported to have as much control of their medicines as they wanted to.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to have the skills and knowledge to support people, and to understand their needs.

People were supported to make choices about their day to day lives. Further support was also available should people need help to make complex decisions about their health and welfare.

Staff were knowledgeable about people's health needs and they had access to health care professionals to maintain a healthy and active lifestyle.

People were involved in planning their meals and supported by staff to enjoy a variety of food and drinks.

### Is the service caring?

Good ●

The service was caring.

Staff spoke with people at their pace and waited for them to respond. They included people in conversations and supported them to make decisions. Staff understood and respected people's preferences and individual religious needs.

Staff knew people well, and how they liked to be supported. People and their relatives were involved in planning the care and support they needed.

Staff were polite and respectful, and treated people with privacy and dignity. They encouraged people to remain as independent as possible, and maintain relationships with people who mattered to them.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in line with their personal preferences and choices. The service was flexible and responded quickly to people's changing needs or wishes.

The staff were passionate about providing personalised care to each person. Care and support plans were detailed, regularly reviewed and updated, to make sure people's changing needs were fully met.

People were actively encouraged and supported to take part in activities of their choice, so that they could lead their lives in a way they wished.

People had opportunities to be part of the local community and enjoy a social life.

People were able and confident to complain to the registered manager, and there was a system in place to manage and resolve any complaints.

### Is the service well-led?

Good ●

The service was well led.

The registered manager and staff were committed to providing person centred care. The service had a positive open culture that encouraged learning. Best practice was identified and encouraged.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

People, relatives and staff had opportunities to provide feedback about the service they received so that their views were included in the continuous review and improvement of the service.

The staff were aware of the service's ethos for caring for people as individuals and putting the people first.

# Anro House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 February 2016 and was unannounced. The inspection was carried out by one inspector. This was because the service only provided support and care to a small number of people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. A notification is information about important events, which the provider is required to tell us about by law.

As part of our inspection we spoke with all five people at the service, the registered manager, the deputy manager and two staff. We observed staff carrying out their duties, such as supporting people to go out, and helping people to make their lunch and drinks.

We reviewed a variety of documents, which included four people's care plans, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected Anro House on 9 April 2014, under the previous provider Solor Care South East, when no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe. Some people were able to go to the local shops on their own and were aware of their personal safety. People told us that staff were always available to discuss any worries or concerns.

People told us that they discussed their activities and what support they needed from staff. Care and support plans had detailed guidance of how to manage risks. The risk assessments covered what action and measures were required to keep people safe. Staff supported people positively with their specific behaviours, which were clearly recorded in their individual support plans. There was clear information to show staff what may trigger negative behaviour, and what strategies were in place to minimise any future occurrence.

People were comfortable with staff and other people. They said they would tell staff if something was wrong and would not hesitate to speak with the registered manager. They had confidence that staff would listen and they would be protected from harm. Staff had a clear understanding of how to recognise and report abuse. They had received training on how to keep people safe. Staff were confident that most of the people understood how to raise concerns. Where people needed additional support to understand they may be at risk, health care professionals had worked with the service to enhance their understanding of the risks of harm. This information was then added to the care and support plans, with pictures and symbols, to make it more meaningful to the individual.

Staff had a clear understanding of the importance of whistle blowing and they told us they would not hesitate to report any concerns to the registered manager, or local authority safeguarding team. There were systems in place to investigate and respond if any issues were raised, and if any staff practice was questioned.

People were protected from the risk of financial abuse. There were robust systems in place to safeguard people's money, and these were regularly audited and checked. This included maintaining a clear account of all money received and spent. People could access their money they wanted to.

Accidents and incidents were reported, investigated and appropriate action had been taken when necessary to ensure that people remained safe. The registered manager reviewed accidents and incidents to look for patterns and trends to reduce the risk of further occurrence.

Checks on the equipment and the environment were carried out and plans were in place in the event of any emergency, such as fire. Staff were aware of emergency procedures and each person had a personal emergency evacuation plan (PEEP) to ensure they were supported to evacuate the premises in the event of an emergency. There were maintenance plans in place to ensure the premises were in good order, and routine repairs were carried out regularly.

The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs, and they kept the staffing levels under review. Currently there were additional one to one



support needs, which had resulted in an additional waking night staff. People told us that they were able to go out when they wanted to. Staff told us that there was enough staff on duty to fully meet people's needs, including their activities. There was an allocation of staff at the beginning of each shift so that people's needs would be fully met.

There was an 'on call system' so there was always a manager or senior staff member available to give out of hours advice and support. There was a team of staff who worked across the provider's services who could step in at short notice to cover staff sickness or to provide extra support with activities and provide one to one support when needed. There was always a senior member of staff on duty.

Staff were recruited safely. All of the relevant checks had been completed before staff started work. This included completing an application form, evidence of a police background check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. There were systems in place to check when people had gaps in their employment history, and these were recorded to show that they had been explored. There was also a six month probation period to ensure that staff had the right qualities and skills to work at the service. On occasions people had been part of the interview process when new staff were being recruited. The registered manager told us that they were in the process of recruiting staff to ensure they had sufficient cover and to fill additional waking night hours.

People told us they received their medicines at the right time and that they were supported to take as much control of their medicines as possible. People had their medicines reviewed and updated annually by their doctor, to confirm they were receiving the correct medicines.

There were policies and procedures in place to make sure people received their medicines safely. Medicines were checked when they were delivered and the medicine records were clear and up to date. There were no gaps on the records showing all medicine had been signed for and administered as instructed by the person's doctor. If people required any creams, a body chart was in place to show the area where it should be applied. Protocols were in place for the administration of 'as needed' medicines (PRN), which gave staff, clear directions. When people had been prescribed medicine to calm them, this was used as a last resort. The care and support plan detailed what other action could be taken to support the person to remain calm before it was considered if the medicine should be given. When people refused their medicines systems were in place to ensure that people were offered the medicines later. Staff checked with health care professionals to ensure that this did not have an effect on the dosage timings of the medicines.

Medicines were stored securely and room temperatures were checked daily to ensure they were being stored at the correct temperatures. Regular stock checks were completed and systems were in place for returning unused medicines to the pharmacy. Monthly audits checked that medicines continued to be stored and administered safely.

# Is the service effective?

## Our findings

People told us that the staff knew what they were doing and received the training they needed.

Staff received appropriate training that enabled them to fulfil their roles effectively. They had a good understanding of people's varying needs and conditions. There was an ongoing programme of training provided by the organisation's training department, which included face to face training, on line training and distance learning. Training was also provided regarding people's specific needs, including Makaton sign language and mental health training. Staff had also received training to positively support people with their behaviour, which included verbal de-escalation techniques. Systems were in place to track each member of staff's training needs so that any training updates were provided in line within the recommended timescales.

New staff completed the Care Certificate induction during their probation period. This is the training recommended by Skills for Care, a government agency who provides induction and other training to social care staff. Staff shadowed established staff to get to know people and their individual routines. They completed work books, or answered questions, until they were signed off as competent, and able to work on their own.

People were cared for by knowledgeable staff. Staff had regular one to one meetings with a line manager to discuss their performance, and to gain mentoring and coaching. Each member of staff had an annual appraisal, where their individual training and development needs were discussed, together with their career development. Staff were encouraged to develop their skills and competencies. All of the staff had completed, or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidate must prove that they have the competence to carry out their job to the required standard.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. There was one person who had a DoLS authorisation in place. The conditions on the authorisation to deprive a person of their liberty were being met. Authorisation was in the process of being sought for another person living at the service. The support plans clearly showed that the assessments and decisions had been made properly, and plans were in place to support people in the least restrictive way.

All staff had received Mental Capacity Act and DoLS training. They understood and had a good working

knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured people's human and legal rights were respected.

People's health care needs were being met. Staff worked closely with health and social care professionals to make sure people's physical and mental health care needs were met. One person told us about their review with their health care professionals and staff. They said that they were aiming to continue to remain as independent as possible to achieve their future goals. This had clearly boosted their self-esteem as they were very positive about their future.

People told us that they were able to go to their doctor or were supported by staff to go to the surgery. There were individual health action plans in place, which included photographs and pictures, to make the information was more meaningful to people. People talked about going to the dentist and optician. Each person had a 'hospital passport' which gave important information to hospital staff, should the person be admitted to hospital. The staff had found a support group for one person who had a medical condition and were in the process of arranging for them to attend a support meeting.

People said the meals were good and they could choose what they wanted to eat. They said: "The food is lovely, not bad at all". Each week people discussed and planned the menu. People told us they had their favourite foods and meal times. They were able to access the kitchen at any time, and prepared drinks and snacks when they wanted to. One person talked about how staff supported them to make the meals. People were encouraged to eat their meals together as a social occasion, but they were flexible and could choose to eat in the lounge, their room or the dining room. People's needs and preferences were also clearly recorded in their care plans.

People who had difficulty when eating or drinking had been seen by the Speech and Language Therapist. Clear guidance was in place to reduce the risk of choking, with actions for staff to take in the event of an emergency. People were often supported to go out to the local town for lunch.

# Is the service caring?

## Our findings

People told us the staff were kind and caring. They said that it was a good place to live. People said: "I love it here". They pointed to a member of staff and said "He is a really good bloke". "The staff are excellent; they are always there to help me". "They are always polite and kind hearted".

Throughout the inspection people were jovial and laughed and joked with staff, and each other.

Each person had a key worker, who was able to gain a greater knowledge of the person, and build up a good relationship and understanding of their needs. A key worker was a member of staff who was allocated to take the lead in monitoring, reviewing and co-ordinating someone's care. Key worker meetings were held monthly with the person to give them an opportunity to discuss their care and suggest any changes they may wish to make.

People told us that they were involved in their care planning and staff supported them to make sure they had choices and preferences in their lives. People had chosen if they wanted support from a male or female staff member. People were relaxed in the presence of staff and chatted to them about their daily routines, and where and what they wanted to do. The atmosphere in the service was very calm as people were involved in the daily routine of the service. They were contributing to the conversations in an open and inclusive way. Staff took the time to listen to their requests, and responded in a caring supportive manner. There was an atmosphere of equal value and caring for each other's wellbeing and there were no barriers between staff and people.

People told us that they were able to have their say, and they talked to staff if they had any suggestions about the service. They said they were listened to and staff always did their best to help them do what they wanted. During the inspection people went out shopping, another person went out for lunch and was looking forward to going for a drive later. Some people had keys to the front door and bedrooms and were able to leave the service as and when they wanted to. Staff communicated with people in a way they could understand and were patient, giving people time to respond and they used sign language if needed.

People were supported to wear appropriate clothing that suited them, which was suitable for both the activity and weather conditions. They were supported with their personal care, appearance, and clothing style.

People told us that their privacy and personal space was respected by the staff. They said the staff always knocked before entering their rooms, and respected their wishes if they needed some private time. Staff were discreet and sensitive when supporting people with their personal hygiene.

People told us how they had chosen the colour of the paint when their bedroom was redecorated, and their room was personalised to their taste, with lots of personal possessions, such as cd's and books. People said: "I swapped rooms to a larger one and I really like it".

Staff were knowledgeable about people's moods when they had difficult days. People told us that when they had 'bad' days they preferred to stay in their rooms and staff would regularly check to see if they wanted anything.

People had regular contact with people that mattered to them. People maintained their relationships with people outside of the service. One person told us about going out for a valentine meal with their girlfriend, and going to the local disco. Relatives and friends were encouraged to visit people at the service. We observed staff speaking with relatives on the phone, and updating them about their relative's care.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. No one at the service was being supported by an advocate at the time of the inspection. People had 'circles of support' from representatives and friends who would act as an advocate for them.

Staff were aware of the need for confidentiality and personal information was kept securely. People told us that they could speak with staff in private if they wanted a quiet word. Staff were aware of the need to keep people's personal information confidential, and records were stored securely.

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs. They said that staff were always there when they needed them.

Before people moved into the service their needs were assessed with as much involvement with them, their relatives, health care professionals and the local funding authority as possible. This information was used so that the provider could have the right amount of staff and to ensure that their needs would be fully met. This information was used to develop an individual care and support plan to give staff the guidance they needed to look after the person in a way that suited them best.

Care and support plans contained detailed information about people's medical history, their communication needs, mental and physical health and mobility needs. There was information about people's life histories to enable staff to care for them in a personalised way. People's preferences of how they received their personal care were individualised, and included things like who they preferred to support them with their personal care, and their sleeping patterns.

There were behaviour support plans and risk assessments about the support people needed when they became distressed, and needed additional support. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people, such as when to approach people or to let them find staff when they were ready to engage. All staff signed the care and support plans to confirm they had read them, so they were aware of the guidance of how to give people the right support.

People told us about their plans, they knew where they were kept and accessed them if they wished. The plans gave staff clear guidance about how to give staff the right support. They were reviewed regularly to reflect people's changing needs.

People told us about their lifestyles. They said they could enjoy hobbies and activities of their choice, such as going out for lunch, walking on the sea front, going to the gym, taking trips to other towns and going to bingo. During the inspection we saw people enjoying their hobbies, such as rug making.

One person told us how they regularly attended the local education centre and met up with their friends. They took an interest in what was happening in the local towns and enjoyed being part of the community. They talked about what films they liked to watch and how they were supported by staff to go to the cinema. There were plans for people to go on holiday or have extended day trips of their choice. Staff were supporting people with their budget to save to go to a football match in London and another person was keen to go to the Sussex coast for a few days.

Staff supported people to take part in household tasks at the service, such as cleaning their rooms or doing some cooking. People had 'circles of support' who were friends, relatives and people that were important to them. Contact details of people who were important to them were recorded in each person's support plan. People were encouraged to keep in touch with their friends and family. Their friends and families were

encouraged to visit the service and people were supported to keep in contact with them on a regular basis.

People told us they did not have any complaints. The complaints procedure was available in a format that people could understand, and for people who needed additional support pictures were in place to help them communicate if they were feeling happy or sad. Each week there were regular discussions with the people to make sure they were happy with the service, or they wished to raise any issues. Complaints were logged and records showed they were responded to and resolved within appropriate timescales.

There was a policy asking visitors to give any feedback about the service including any comments, compliments or complaints. People could also give feedback through the provider's website.

# Is the service well-led?

## Our findings

People and staff told us that the service was well led. They received a service, which, was monitored and reviewed. The provider had systems in place to ensure people received good quality care, which met their needs.

There was a clear management structure for decision making which provided guidance for staff. The registered manager and deputy manager were part of the team providing direct care and support to the people living at the service. This ensured that they maintained an excellent oversight of the day to day running of the service. Staff were motivated and passionate about meeting people's needs and improving their lives. They told us that they had a good staff team and there was good communication.

People were able to approach the registered manager when they wanted to. People casually walked into the 'office' to speak with the management team. There was a culture of openness and honesty, conversations took place on any topics people chose to talk about.

Staff understood the visions and values of the service, such as person centred care, treating people with dignity and respect, and supporting them to reach their full potential. They said: "We ensure that people get the right help, their independence is maintained, what we do is all about them". We observed examples of staff displaying these values during our inspection, particularly in their commitment to care and support, and the respectful ways in which it was delivered.

Staff understood their role and responsibilities. They were supported by the registered manager who was skilled and experienced in providing personalised care, and had worked with people with learning disabilities and related conditions for several years.

Staff told us that they were very well supported by the registered manager who provided guidance and advice when needed. Staff had regular supervision and staff meetings to enable them to voice their opinions and discuss on the care being provided. They told us that the registered manager listened, was confidential and took appropriate action if they needed to. Staff handovers between shifts highlighted any changes in people's health and care needs, so that staff had up to date information about the service to be delivered.

There were links with the local and wider community and people had friends locally and they knew their neighbours. The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager had attended a variety of training courses, including recruiting and supervising staff and was currently working on a degree course. The registered manager attended managers meetings with other managers from the provider's organisation and had attended the local community nurse work shop. They had subscribed to the UK Health and Learning Disability Network, which is a national community of people interested in the health of people with learning disabilities. They were also contacting the Kent Learning Disability Partnership Board network, an organisation to share and promote best practice.



People, their relatives and staff were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views including sending out surveys, having meetings and requesting feedback about specific topics. Responses had all been positive about the service, and people said they were satisfied with the care they received. People were also invited to give feedback via the provider's website.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. These included regular checks on the environment, records, staff training and the support provided. The registered manager, the area manager, quality assurance manager and another senior manager carried out quarterly and yearly audits, and had produced reports with actions allocated to staff to complete to ensure continuous improvement of the service.

Accidents and incidents, records of behaviour, were recorded and analysed to reduce the risk of further events. It was noted that one person had been referred to the appropriate health care professional when it was noted that further support was required. These were monitored by the registered manager.

The organisation had reviewed the premises in 2015 and some of the work identified in the development plan had been completed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Records were stored securely to ensure people's confidentiality. Staff personal details were kept in locked offices with restricted access, and only senior staff had access to staff files.