

# Voyage 1 Limited

# Elmsmead

## 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 took place on 18 and 30 October 2018 and was unannounced.

Elmsmead is a residential home for up to 12 people with learning disabilities, including autism. At the time of the inspection 10 people were living at the home. The home specialised in supporting people who may become challenging to themselves or others if their anxiety was heightened. There were bedrooms on both floors of the building and a range of communal spaces. Each bedroom was personalised by the person and no one shared although there was an option to share if people wanted to.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated ...

Since the last inspection the management and provider had worked hard to ensure there were continual improvements at the home. There had been redecoration and a reduction in incidents occurring at the home. People, relatives and staff were positive about the registered manager. The registered manager and provider continually monitored the quality of the service and made improvements in accordance with people's changing needs.

People received care from staff who knew them incredibly well. People were involved in decisions about their care and the staff continuously were finding ways to share the information with people. Feedback from people and relatives to the home informed us about how well cared for they felt.

Care and support was personalised to each person, which ensured they could make choices about their day to day lives in line with their needs, hobbies and interests. Information about people's preferences were gathered in detail by members of staff. Time was provided for new staff to learn about people's care through the care plans.

People were supported to have a dignified death and support was provided for those who lost people they lived with. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received.

The service was responsive to people's individual needs. Activities were personalised to each person's preferences and hobbies. Staffing levels reflected the ethos that all staff were encouraged to support people with activities and in all aspects of their care. There was a range of opportunities for people and their families to participate in.

There was a system in place to manage complaints and people felt listened to. Plans were in place to further develop opportunities to learn from people. The provider had developed ways of promoting employment for people. There were opportunities for people to drive improvements within the home.

There were suitable numbers of staff to meet people's needs and to spend time socialising with them. Interactions were kind and caring. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely. People were protected from abuse because staff understood how to keep them safe and were sure action would be taken if any concerns were raised.

The home continued to ensure people received effective care. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People who required special diets had their needs met and healthy eating was promoted. Staff had the skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to attend appointments.

Further information is in the detailed findings below

## 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 remains Good.

### **Is the service effective?**

**Good** ●

The service remains Good.

### **Is the service caring?**

**Good** ●

The service remains Good.

### **Is the service responsive?**

**Good** ●

The service remains Good.

### **Is the service well-led?**

**Good** ●

The service remains Good.

# Elmsmead

## 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 18 and 30 October 2018 and was unannounced. This inspection was carried out by one inspector.

The provider had 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. Before the inspection we reviewed the information that we had about the service including safeguarding records, complaints, and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the service had learning disabilities or autism so were not always able to tell us about their experiences. We used different methods such as observations to help us understand people's experiences. We spoke with five people who used the service and one relative. We also spoke with six members of staff. This included the operations manager, registered manager and care staff.

During the inspection, we looked at two people's care and support records. We looked at records associated with people's care provision such as medicine records and daily care records relating to food and fluid consumption. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Following the inspection, we asked the registered manager to send us some policies, training and recruitment information and audits. These were all sent within the time frame given.

## Is the service safe?

### Our findings

The service continued to be safe. People told us they felt safe living at the home and staff knew how to protect them from abuse. One person said, "I feel safe living here". Other people told us, "It is fun living here" and, "They keep me very safe". Staff knew what to do if they suspected someone was being abused. They all agreed something would be done by the management to keep people safe.

People were supported by enough staff to meet their needs and keep them safe. One member of staff said, "There are always enough staff". Another staff member said, "There are enough staff. They are great. Everyone is all happy". The registered manager told us they were proud of the amount of staff now choosing to stay working at the home. Some staff said it was the "Best we have seen it".

All staff had been through a recruitment process to make sure they were safe to work with vulnerable people. One member of staff confirmed they had recently had references from previous employers and a police check prior to starting work. However, not all these checks could be located during the inspection. The registered manager was going to familiarise themselves with the provider's electronic systems following the inspection. During and following the inspection all the required details were shared with the inspector about recruitment.

People were supported by staff who understood how to reduce their levels of anxiety and prevent their behaviour escalating. This was an area the management and staff were proud of improving following the last inspection. They had a large reduction in the level of incidents at the service because staff were being proactive when supporting people. One person had moved into the service having been served notice at a previous location. They had required a high level of staffing to meet their needs. Since moving into this home, they had reduced the amount of staff required and decreased significantly the level of incidents.

People's medicines were managed safely. Those who had capacity could choose whether staff managed their medicines. One person said, "Staff deal with my medicines". Whilst another person told us they were happy with their medicines being administered by staff. They were worried they would get confused if they managed them themselves. Staff supported people to reduce the amount of medicines they took safely. One person said they had a goal to, "come off my tablets" and explained how staff had helped them. They regularly saw their doctor who was guiding them how to do it safely.

Health and safety had been considered to ensure people were kept safe. Windows had restrictors and there were covers on radiators to prevent falls and burns. However, one fire door to the entrance of the kitchen was found propped open with a bar stool. This would place people at risk in the event of a fire because it could spread more easily. During the inspection the registered manager sourced a special door stop which would automatically close in the event of a fire.

Risks to people had been considered and ways to mitigate them put in place. People were encouraged to positive risk take. One person had a history of behaviours which could place themselves and others in danger of harm. Their care plan clearly identified what these potentially were and clear guidance for staff to

reduce the likelihood.

## Is the service effective?

### Our findings

People continued to receive effective care. 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. Staff were aware of a variety of methods, in line with best practice to help people communicate and consent to care, treatment and support. When people lacked capacity to consent then staff knew to consult other people important to the person. Then a decision was made in the person's best interest.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). All the people who were having their liberty deprived had applications authorised or in progress with the relevant authorities.

People were supported to eat a healthy balanced diet. The menus were based around each person's preferences. One person said, "We get food supplied and we can get our own food". Some people had their own fridges and basic drinks making facilities in their bedrooms. They told us, "Staff are very good cooks". Another person requested something slightly different for their lunch. Staff prepared this for them and got additional cheese when it was requested. If people wanted to or needed to lose weight then this was supported.

People had not always had regular reviews with other health and social care professionals. Staff and the management completed their own reviews to update the person's needs. The registered manager was trying to contact the relevant professionals to ensure they were keeping up to date with people's needs.

People were supported to see other health professionals to meet their needs. One person told us they regularly see their dentist. They said, "He [meaning the dentist] is marvellous with me". Another person had epilepsy and they regularly had seen a specialist in relation to this. Other people were supported to see speech and language therapists to support their communication development. The staff had developed a positive relationship with their GP. This meant when any urgent appointments were required they could be arranged.

People were supported by staff who had received training to meet their needs and wishes. One member of staff explained it was, "Much better than it used to be". They told us they now received lots of specialist training to meet the needs of the people. Examples of this were around autism and positive behaviour training to reduce the likelihood of people's anxieties escalating.

During the inspection, one staff member completed an exercise in relation to an additional health and social care qualification. Other staff had the opportunity to attend this level of training. Those responsible for administering medicine had regular competency checks to ensure it was in line with current best practice.

One staff member said, "Voyage is pretty good at training we get". The operations manager confirmed there was a focus on face to face training by the provider.

New members of staff had completed shadow shifts and informed us how supported the other staff were. One staff member said, "We communicate a lot between each other. I can always ask for help".

There was a constant drive to learn from current best practice. All the recent decoration in the home had been completed in line with research for people with autism. This included the selection of colours offered to the people who made the final choice. The idea was to make it calmer.

## Is the service caring?

### Our findings

The service continued to be caring. People were positive about the support they received from the staff. Those unable to tell us what they felt were comfortable in the presence of staff. One person said, "They [meaning staff] are ambitious. Friendly, down to earth. Hardworking and show enthusiasm". Another person told us there were, "Good staff" and was frequently laughing and joking with staff around them. A third person referred to the staff as, "Their friends" and continued, "Everyone cares about me. I care about them as much as they care about me".

One member of staff told us, "Everyone is so comfortable. Everyone is so relaxed." Another staff member said, "I just love it here. The guys make it all. Their face when they have accomplished anything makes me enjoy and come back". Staff were calm and patient when talking things through with people. One person was getting their swimming things ready. The member of staff with them was talking through what they were going to do. This included the sequence of events. Throughout all discussions people's preferences and choices were respected.

Feedback received by the people and relatives reflected what we were told during the inspection. One person had said, "I like the support. Staff help me. Good care". One relative had written, "The staff have always been so caring and supportive" and continued to explain how well the staff knew their family member. They finished with, "We trust them completely with all aspects of my darling [name of person's] life".

People were supported to express their choices in a variety of ways. Staff knew people incredibly well and could understand their preferences even if they struggled to communicate them.

People told us they enjoyed celebrating special occasions at the home. During the inspection they were putting up Halloween decorations. One person told us they celebrated people's birthdays and Valentine's day. At Christmas time they would all gather and help cook if they stayed at the home. If people wanted to attend church regularly then this was facilitated.

People's privacy and dignity was respected by staff. Staff told us how they maintain someone's dignity when supporting them with intimate care. This included closing curtains and keeping the person covered. One member of staff explained they treated the person how they wanted to be treated.

## Is the service responsive?

### Our findings

People continued to live in a responsive service. Care plans were personalised to meet people's individual needs and preferences. They listed people's favourite things and things they did not like. Each person had their life history and details about their family. This was important for those unable to communicate these directly with staff. They provided points of conversation. There was clear guidance to support staff to help people with their needs and wishes. New members of staff were given time to familiarise themselves with people's care plans.

People told us they had monthly reviews with their key workers. During these they could discuss any changes to needs or updates on activities they would like to do. It was their opportunity to drive their own care plans.

People had enriched lives with a range of activities to participate in line with their needs and interests. One person chose to play the piano in their bedroom before speaking about the support they received. During the inspection other people went out to the shops and participating in a variety of activities. One person had a strong interest in trains and the staff had recently arranged for them to travel on a famous steam train. Other people had been on trips to visit the theatre and go to the seaside".

We spoke with staff and the management about the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand. Although they were not aware of the standard they were meeting it by providing information in a variety of ways to support people to understand. Special sign language to support speech was used, picture exchange systems and use of photographs were some of the methods already explored with people. One person had their own version of signs to support speech that all staff were aware of.

People knew how to complain and felt listened to when they did. One person told us how they could speak with the chief executive or operations manager if they were unable to talk with the management at the home.

People were supported to have a dignified death following their choices. One person had recently passed away. During the inspection their relative visited to say, 'good bye' to the staff and people. They told us the person had been, "Part of everyone's life". Another relative complemented the staff on how they had supported their family member through the difficult time of losing someone they lived with.

## Is the service well-led?

### Our findings

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

People and staff spoke highly about the registered manager and their deputy. One person said, "I am very happy with [name of registered manager]" and continued to explain the management, "Do their best". One member of staff said, "The manager and deputy do a great job and listen to staff".

The management were creating an open and transparent culture at the home. One member of staff said there was a, "Warmth and atmosphere" and they were, "Made to feel very welcome". Throughout the inspection people could regularly access the manager and come in their office.

Staff felt supported and there were clear lines of accountability. One member of staff told us they had recently had a supervision. This provided them an opportunity to discuss their role, how they were feeling, any concerns they had, training needs and performance issues. The member of staff felt listened to during this process.

The provider took interest in the people they supported at all levels and wanted to hear their views. One person had the Chief Executive Officer's phone number and would regularly speak with them. This included on Christmas Day where the person could wish them a merry Christmas even whilst with their family. One member of staff said, "[Name of the CEO] is a nice person in way he interacts with people". There was a regular 'Ask [Name of the CEO]' session to encourage people and staff to ask about anything for an answer.

The provider found ways to provide employment for people living in their services. One person had become a "quality checker" following training by the provider's staff. This meant they visited the other homes owned by the provider to complete checks such as health and safety and menu checks. It was another way people were inputting into the standards of care they received.

The people were asked for their opinions and their voice was listened to. Every year there was an annual survey. A recent common theme was people wanted more communal, quiet spaces. The registered manager had organised the redecoration of one downstairs room to a living room already. This had become very popular and we saw it in use during the inspection. They were now in the process on transforming an 'art room' into another lounge with a dual function of being a place for activities when required.

The provider and management were striving to continuously learn and innovate at the service. There were quality assurance systems at both management and provider level to monitor the safety and quality of care people were receiving. When concerns were found systems were put in place to rectify them. The provider was also in the process of developing a new style of quality questionnaire in conjunction with other organisations. They were hoping this would lead to analysis which could better improve people's lives.

