

# Voyage 1 Limited

# The Cedars

## 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

The Cedars is a registered care home comprising three bungalows on one site, each of which can accommodate up to five people. The home supports adults with learning and complex physical disabilities. There were 14 people living at the home at the time of our inspection.

People's experience of using this service:

People were supported by consistent staff who knew them and their needs well. Staff communicated effectively with one another about people's needs. Staff treated people with respect and maintained their dignity when supporting them. Staff encouraged people to make choices about their care and respected their decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with a variety of opportunities to go out and take part in activities. This included the on site day centre, in-house activities and trips out to visit places.

The management of the service was effectively run. The registered manager knew people and staff well and had a positive attitude towards making improvements in people's life's.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

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.

There were enough staff on each shift to meet people's needs and keep them safe. The provider's recruitment procedures helped ensure only suitable staff were employed. Staff had the induction, training and support they needed to carry out their roles. They understood their roles in keeping people safe from abuse and felt able to speak up about any concerns they had.

Potential risks to people had been assessed and measures put in place to mitigate these. If accidents or incidents occurred, staff took action to reduce the risk of similar incidents happening again. Medicines were managed safely and staff maintained appropriate standards of hygiene and infection control. Staff supported people to maintain good health and worked effectively with any professionals involved in their care.

Staff were kind treated people with respect. People were supported to have maximum choice and control of

their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

At the last inspection the service was rated Good. The report of this inspection was published on 14 January 2017.

#### Why we inspected:

This was a planned inspection based on the previous rating.

#### Follow up:

We will continue to monitor intelligence 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.

# The Cedars

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Two inspectors carried out the inspection.

#### Service and service type:

The Cedars 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:

We used the information the registered manager sent us in the provider information return (PIR). 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 reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

#### During the inspection:

We spoke with four people who lived at the home. We spoke with five staff including the registered manager.

We checked care records for four people, including their assessments, care plans and risk assessments. We looked at four staff files and records of team meetings and shift plans. We also looked at medicines management, accident and incident records, quality monitoring checks and audits.

After the inspection:

The registered manager sent us further information, including the home's continuity plan, staff and residents meeting minutes. We also spoke with three relatives.

# 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 now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- Relatives told us they felt their loved ones were safe. One relative said, "[my relative] is safe, I fully believe that the staff do everything they can to protect people." A second relative said, "[My relative] is safe, I have never worried about their safety whilst at The Cedars." A third relative said, "In as far as it is possible, I am sure that [my relative] is safe there."
- People were protected from the risk of abuse. Staff were regularly trained and had access to guidance about what to do to report any concerns about abuse. A staff member told us, "I have had the safeguarding training. If I became aware of any form of abuse then I would speak to a team leader, deputy manager or manager and report it straight away. We have a process to follow with numbers to call if I need to take anything further."
- Records showed concerns had been referred to the safeguarding team where appropriate.

Assessing risk, safety monitoring and management:

- Risks to people's safety and well-being were assessed and guidance for staff on how to keep people safe was incorporated into support plans. One person had an individual risk assessment with regards to using a swing. It detailed for staff to give one to one support in order for this person to use the swing which was an activity they really enjoyed.
- People who were assessed as having serious reduced mobility had access to specialist equipment. People had the use of 'P' Pods which were custom made moulded indoor seating. This ensured that for people with reduced mobility they had regular relief from pressure areas and this had reduced pressure sores.
- There was guidance in place for staff about how to use any equipment involved in people's care such as slings, hoists and wheelchairs. We saw equipment was regularly checked and serviced. Staff had carried out a personalised fire risk assessment for each person in the event they needed to be evacuated in an emergency.
- There was a business continuity plan in place. This confirmed what action should be taken in the event of an emergency, such as alternative emergency accommodation, the loss of utilities such as water or gas, and failure of IT equipment.

Staffing and recruitment:

- There were enough staff throughout the service to support people. A staff member told us, "We work really well together as a team. When someone is off sick then we cover shifts and people are offered overtime to ensure that people do not miss out on any support time given to them." We observed that staff were always available to support people in a timely way.

- Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were done on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has.
- Staff told us that they felt they had enough time to spend with people. This included being able to go out with them and be flexible around people's needs and wishes around what they wanted to do. A staff member told us,

Using medicines safely:

- Medicine administration records (MAR) were fully completed and provided staff with descriptions of the medicines people were taking. This helped ensure people received the correct medicines. There were protocols in place for as and when medicines (PRN).
- Medicines were observed being administered. Time was taken to explain what the medicines were for and people were offered a drink with them. Staff observed discreetly to ensure people had taken their medicines before moving away.
- The provider ensured staff had additional training in specific medicines, such as Buccal Midazolam (emergency epilepsy medicine) to support the people at the service who had epilepsy.
- The management team regularly observed staff practice and checked medicine records to ensure staff were able to give people their medicines safely.

Preventing and controlling infection:

- Staff helped people keep their home clean and maintained appropriate standards of infection control.
- Staff attended infection control training in their induction and used personal protective equipment, such as gloves and aprons, when necessary.

Learning lessons when things go wrong

- The management team reviewed any accidents and incidents to prevent reoccurrence and to identify any learning. A staff member told us, "We cover accidents as part of our meetings. We discuss what happened, think about why it happened and what we change moving forward."
- The registered manager told us when they first started there had been a lot of medication errors. They stated due to their clinical experience and from obtaining support from other healthcare professionals they were able to update the staff training and support. This meant there was a reduction on medication errors.



# 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 now 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 needs were fully assessed before they started using the service to ensure these could be met. The registered manager had carried out a thorough pre-assessment for people.
- Information from assessments was used to devise care plans to ensure staff had the knowledge, skills and understanding to meet each identified need.
- The provider respected and promoted inclusion and diversity. This ensured protected characteristics under the Equality Act 2010 were considered.

Staff support: induction, training, skills and experience:

- Staff were up to date with their mandatory training. A staff member told us. "The training is meaningful, I get a lot from it." The registered manager said. "We always ensure that staff are up to date with their training and that staff have the specific training they need to meet people's needs."
- Staff had completed training in areas relevant to people's individual needs such as autism, acquired brain injury and epilepsy to provide the care they required safely.
- Staff received regular supervisions. A member of staff said, "I have regular supervisions and I am encouraged to share my ideas, I feel listened to and supported."
- We observed that staff were competent and confident when providing care. Staff had good knowledge and this was displayed in the way they supported people and their individual needs.

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

- People received individual support with their diet. We observed people being supported to prepare their own breakfast and lunch. We observed one person who due to their physical disability was not able to fully make a cup of tea. Staff supported them to by using gentle encouragement to gather the required equipment. The person involved had a huge smile on their face as it was deeply important to them to be involved.
- People contributed to menu planning through regular meetings where food choices were discussed and put forward by each person. We observed people's choices were included within the menu and that peoples' dietary requirements were considered. For example, one person who had an allergy to spicy foods had other choices on the days where spicy food was being offered.

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

- People had a health action plan which gave detailed information about their diagnosis and needs. People had access to health services including GPs, dentist, opticians and speech and language therapists.
- We observed people being supported to access on site physiotherapy services. Staff ensured that people were booked in and attended appointments which enabled people to achieve and maintain good outcomes. A health professional told us, "The Cedars are doing well at managing and monitoring peoples' ongoing health needs. The physio appointments they attend are crucial in supporting people to maintain a level of health and reduces hospital admissions for people."

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

- People's rooms were personalised and filled with items important to them. For example, one person had pictures of their family on the wall.
- The building was suitable for the needs of the people. People could come and go freely between bungalows with ramps on the entrance and exits to assist people in wheelchairs. We observed people moving freely around the grounds and in the garden.
- There was an outside area that had been built in memory of a person who had passed away. This person had lived at The Cedars and this enabled people to pay respects or have a quiet place to sit.
- The registered manager recognised the building will need to change as the people get older to ensure it remains suitable and accessible for them.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care was provided in line with the MCA. Staff supported people in the least restrictive way possible and any restrictions involved in people's care had been legally authorised.
- Staff received training on the MCA and understood how this applied in their work. Staff told us they always sought people's consent before providing their support and our observations confirmed this.
- People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. For example, one person lacked capacity to consent to treatment such as, having a flu jab, undergo scaling and polishing of teeth under sedation and to undergo endoscopy and colonoscopy. For each treatment a separate capacity assessment was carried out and a best interests decision made involving healthcare professionals and family.
- Where required DoLS applications had been submitted to the local authority.

# 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:

- Relatives told us they thought the staff were kind and caring. A relative said, "Staff give very good care and support. The bungalow is always clean and tidy. Staff are always there to support." Another relative said, "The care and support is excellent and clearly demonstrated by the surroundings and demeanour of the clients. Staff are friendly, efficient and caring."
- Feedback from a health care professional informed us the service always put people's needs first and described staff as caring, considerate and helpful.
- Staff knew people extremely well. They cared for the same people and had been given the time needed to build positive relationships with people and their families. A staff member told us, "We all have a good relationship here, staff and people. I know the people who live here really well and this has definitely helped me gain peoples trust and friendship."
- We observed staff being kind and caring when interacting with people. A member of staff was engaging people in conversation in the kitchen whilst assisting in the preparation of drinks and ensuring that all the people were included in the conversation. People were smiling and joking with each other and staff during this conversation and it was very clear that this brought joy and happiness to people.
- Staff demonstrated an understanding of people's individual communication needs. For example, one person who is not able to communicate, staff had learned to read their facial and bodily expressions to indicate how they were feeling and what they liked. This had enabled the person to have a voice and express their opinion in a way suitable to their needs. Another staff member told us, "It's all about different signs from different people living here. Because I am deaf myself I know that it is so important to make sure you have communicated properly, there is nothing more frustrating than someone misunderstanding you. I know that from personal experience."
- Staff had completed equality and diversity training and understood the importance of learning about, and respecting people's differences to ensure person centred care was provided.
- People were encouraged and supported to maintain contact with families. Two relatives were picked up and dropped off at the train station by staff so they could visit more often. For one person who is religious staff located a place of worship close to their family home. They ensured they went regularly and incorporated family visits as well.

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

- People were involved in day to day decisions around their care. People had choice in when they got up

and what they wanted to do during the day. The registered manager told us. "I want people to live the life they choose, making their own decisions about what they would like to do with their time and how they want to live."

- People were involved in planning their own care as much as possible. They attended regular meetings to discuss their care and ongoing needs. Where people needed support to make decisions, families were fully involved. A relative told us, "I feel like staff listen to my opinion on [my relative's] care, if I make a suggestion then staff have always been willing to try new things."

Respecting and promoting people's privacy, dignity and independence:

- Staff treated people with respect and maintained their dignity. We observed staff offered people choices and respected their decisions. We observed staff knocking on people's doors before entering and asking people if they would like any support or care.
- Staff understood the positive impact supporting people to maintain their independence had on people's wellbeing. One staff member said, "I like to try and encourage people to do as much for themselves as they can, they all have different needs and levels of ability so it's up to us to make sure we know the people we support and encourage them to be as independent as possible. You can see how much it means to them to be able to do things themselves." Another staff member told us, "To help people realise that they can do more even if they do have high needs, they are always more capable than they realise, they just need the support and the belief from someone else."

# 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 now 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; Supporting people to develop and maintain relationships to avoid social isolation:

- People had access to a variety of activities of their choice. Day trips were arranged for each bungalow which assisted people to get together and socialise on trips. On the day of our inspection a group of people had gone out on a visit to Portsmouth.
- People had access to an onsite day centre called The Grove. This enabled people to attend and take part in daily activities such as arts and crafts, ball games and sensory sessions in music. We observed for people attending their needs were tailored around their choice of activities in order to promote independence and development. A relative told us, "They provide lots of stimulation through activities for [my relative]. The feedback I get is always positive and I know that [my relative] really benefits from staff putting in the effort to keep them as active as possible, both mentally and physically."
- People's support plans were person-centred and individualised. They contained information about people's likes and dislikes, life histories, interests and needs. A staff member told us, "All care files are personalised to each person. This is a great reference for all staff members to understand all the individual needs of the guys living here."
- People were assisted with support at home to enable them to visit as and when they wanted to. For example, for [this person] staff had arranged an occupational therapist to visit the family home so a hoist could be installed which enabled this person to be able to stay more often with their relative.

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.

- Care plans contained guidance for staff about how to meet people's communication needs. Care plans detailed how each person liked to communicate such as verbal or non-verbal. Staff had access to mobile phones or laptops which contained pictures that people could be shown to express what they wanted or liked.
- Staff communicated with people in a way they understood. For example, one person had a communication book which enables them to point to pictures of what they would like, such as water, tea and coffee.
- The service provided people with accessible information. The registered manager told us, "We can provide people with easy read versions of any communications that come down from our head office."

Improving care quality in response to complaints or concerns:

- No new complaints had been received since the last inspection. The provider had a system for recording and handling complaints. A relative told us, "I have not needed to complain about anything but I would be confident in speaking to them if I felt I needed to."

End of life care and support:

- At the time of this inspection no one living at The Cedars was receiving end of life care. However, all care plans were being updated to support people if this occurred. One person who did have an end of life plan had details around their wishes, what would be important to them and family they would want to be told alongside the funeral arrangements. The registered manager told us new end of life plans were going to be made for every person.

# 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 now 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:

- Relatives told us the registered manager was friendly and approachable. One relative told us, "[the registered manager] whilst maintaining a professional standard, is approachable and always willing to discuss the pros and cons of any suggestions made with regard to [my relatives] care. He has formed a good relationship with [my relative] and often uses humour to improve her moods when possible.
- Staff told us they felt supported in their roles and felt listened to by the registered manager. One staff member told us, "I love it, it's what I get up for in the morning. I wouldn't swap it for the world. I love the people here, and everything about working here." Another staff member said, "[The registered manager] he's good and supportive." Another staff member said, "[The registered manager] is great, very understanding, very approachable and seems very organised."
- The registered manager told us that the provider runs an awards ceremony twice a year for staff. They also said that staff from The Cedars had been nominated for awards and had attended the ceremony. Staff were also given gifts at Christmas and on birthdays staff get a cake and card which the people living there are involved with.

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:

- Staff told us the management team promoted an open culture and led by example. One staff member said, "We can talk about anything with [registered manager] and I feel that they take their staff seriously and are honest with us about any changes."
- The registered manager understood their responsibility to be open and honest when things had gone wrong. Families had been informed and updated of any incidents and staff were included in implementing change and taking the service forward. A relative told us, "I am in pretty constant communication with the staff, they are very quick to update me about any appointments that [my relative] has in order that I may decide whether I need to attend or not as I very often do.

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

- The service was led by an experienced management team who staff described as supportive and very approachable. Staff were clear about their responsibilities and the leadership structure. One staff member

told us, "In supervision and team meetings we discuss our responsibilities, development needs and standards."

- The management team demonstrated a good understanding of their regulatory responsibilities and kept their knowledge of legislation and best practice up to date. For example, the latest CQC inspection rating was available on the provider's website. This is a legal requirement, to inform the public about our inspection findings and ratings awarded.
- The management team completed a range of quality checks to continually monitor, evaluate and improve the service provided. These included checks for care plans, infection control and medications.
- The registered manager understood their responsibilities, including duty of candour and the requirement to submit statutory notifications when required.

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

- The provider invited people and relatives to share their views about the service through, questionnaires, telephone discussions and monthly meetings. Some of the feedback recorded from people when asked about the care they receive at The Cedars included, "Great.", "Very Good.", "Love living here.", "I like the outings and activities." A relative gave feedback to say, "I have been very impressed with the dedication of the staff to provide a home like atmosphere and with the overall way [my relative] has been cared for."
- Regular team meetings were held for staff to share their views about the service. We saw that in these meetings staff were able to discuss people's ongoing care needs, service changes, policy updates and offer up any suggestions on improving people's care.

Continuous learning and improving care; Working in partnership with others:

- Staff communicated with each other well within the service. Staff attended a morning handover with the registered manager so that staff could be made aware of people's ongoing care needs.
- There was a shift plan in each bungalow that detailed which staff were responsible for ensuring people received the support they needed.
- Staff had developed effective working relationships with professionals involved in people's care, such as GPs, community nurses, wheelchair services and speech and language therapists.
- People and staff regularly worked alongside other organisations such as the learning disabilities team and the Advocate service.
- The registered manager attended regional managers meetings three times a year to keep up to date with the providers working practices.
- Throughout our inspection the registered manager was open and honest. They welcomed our inspection and feedback which they said would be used to improve the service further.