

Voyage 1 Limited

Woolston Road

Inspection report

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31 January 2019

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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

About the service:

Woolston Road provides accommodation and personal care for up to six people who have learning disabilities or autistic spectrum disorder. At the time of the inspection six people were living at the home.

Rating at last inspection:

Good (published 13 August 2016).

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

People told us they were happy, felt safe and that staff had a good understanding of their needs and preferences. Staff listened to what people wanted and acted quickly to support them to achieve their goals and aspirations. Staff were innovative and looked to offer people solutions to aid their independence and develop their skills.

People had good community networks which were personal to them. This included work opportunities, day service and supporting people to use technology to connect with family and friends. People had been supported to develop and maintain positive relationships with friends and family. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. 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.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The service met the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A full description of our findings can be found in the sections below.

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 any concerning information is received 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.

Woolston Road

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:

This inspection was completed by a single inspector.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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.

Inspection site visit activity started on 29 January 2019 and ended on 31 January 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with two people who used the service and met with one social care professional. We received feedback from two relatives via email and one health care professional via telephone.

We spoke with the registered manager and operations manager. We met with three support workers and three senior support workers. We reviewed three people's care files, three Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practice and interactions between support staff and people.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes, including recruitment.

- People, professionals and relatives told us they felt safe being supported by members of staff. Comments included; "I like it here. I feel safe and I am happy", "I feel safe here, staff are nice and I can go out on my own too" and "Woolston Road is a safe home for people, I have no concerns at all".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A social care professional said, "We have no safeguarding issues. The home is very open and I believe they would report these to us". A health care professional told us, "We have had previous concerns which have been dealt with timely and always reported".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

Assessing risk, safety monitoring and management; Staffing levels; Learning lessons when things go wrong

- Staff were confident people were safe and told us that systems were in place to ensure safety. For example, doors were secure, policies were in place, risk assessments had been completed and care plans were clear.
- We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service.
- Where people had been assessed as being at risk of choking or seizures assessments showed measures were taken to discreetly monitor the person and manage risk.
- People were supported to take positive risks to aid their independence. For one person this had included developing skills and confidence to access public transport and the community on their own. The person said, "I like having freedom to go out".
- There were enough staff on duty to meet people's needs. A person told us, "There are enough staff, there are loads of staff, all very nice". A professional said, "There always seems to be enough staff". The registered manager monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering, disposal of medicines.
- Medicines were stored securely.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection control and keeping people safe. A staff member said, "We use aprons and gloves for personal care, gloves when administering medicines and aprons when preparing food. We also have different coloured chopping boards, mops and cloths for cleaning".
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- Staff could discuss their responsibilities in relation to infection control and hygiene.

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

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

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes.
- There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "We receive good training. I recently completed a refresher in behaviour support. Some staff are completing their level 2 and 3 in Health and Social Care. I have achieved my level 3".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A staff member told us, "My induction was informative. On day one I was shown around the home and met with people to get to know them. I completed two weeks of shadow shifts and read people's files. I have also completed all the local mandatory training".
- The registered manager told us staff received annual appraisals and regular 1:1 meetings. Staff told us that they felt supported and could request supervision or just approach the management team should they need to.
- A professional said, "Staff seem professional in their role". One person told us, "Staff know how to support me well".

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

- People told us they enjoyed the food at Woolston Road and liked preparing meals and baking. One person told us, "Nice food here, I like to cook". On day two of the inspection we observed a person being supported to bake biscuits for their review meeting later that day.
- People were supported with shopping, cooking and preparation of meals in their home.
- Staff understood people's dietary needs and ensured that these were met.
- The registered manager showed us the menu plans. People were actively involved in choosing meals and preparing these should they choose to. Menus reflected a good choice of healthy home cooked meals.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; a community learning disability nurse, GP and dentist. A health professional said, "Staff know why I am visiting and show genuine interest. They know people well and are able to update me with any changes".
- People told us they were supported by staff to visit health professionals. One person said, "I go to the dentist. Staff support me".
- The service worked in partnership with local GPs and psychiatrists to regularly review medicines in line with Stopping Over Medication of People with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved.
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible.
- People's art work and photos of them enjoying activities were displayed on walls around the home.
- The second floor was accessible to people via stairs or a lift.
- People requiring support with transfers had the use of a portable hoist and a ceiling track hoist in their own bedroom and shower room.
- People told us that they liked their home. One person said, "I like all the rooms here. I like my bedroom, watch TV and relax. Decorate how I want it. It's grey, I like it".
- The registered manager told us that the home was due for redecoration and carpets and explained that people had taken part in choosing wall and carpet colours for communal areas.

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 at Woolston Road were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for some areas such as medicines and finance. However, assessments and where appropriate best interest decisions had not been completed for the use of bed rails, personal care or assistive technology; for example, sensor mats. On day two the registered manager had started to complete these.

- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Staff told us how they supported people to make decisions about their care and support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, professionals and relatives told us staff were kind and caring. Comments included; "Nice staff here, care for me and are friendly", "Staff are very nice and respect me" and "Staff are very caring and kind. They have a genuine positive regard for people which I believe has made people grow as individuals".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Training records showed that all staff had received training in equality and diversity.

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

- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language and eye contact to interpret what people needed. A staff member said, "We give people options to support them make decisions. We know people's needs and use individual methods of communication".
- People who were able to told us they were pleased with their care and that they felt involved in decisions. Comments included; "I am happy with my care here. I can choose what I want to do and wear and eat" and "My care is good, I am involved and have access to my care file". A professional told us, "People are provided with lots of choice and opportunities to make decisions".
- Where needed the home sought external professional help to support decision making for people such as advocacy. We observed advocacy information displayed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's front doors before entering and not sharing personal information about people inappropriately. A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing. We also respect people's private time".
- Promoting independence was important to staff and supported people to live fulfilled lives. A person told us, "I like being independent, it's important to me". Another person said, "I like helping tidying up and making drinks for people. Staff help me do my own things by myself, makes me feel proud".
- The registered manager told us that the organisation had recently introduced Active Support and that training had been delivered to staff. Active Support changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives. The support given to the person is also active. Active Support enables people with learning disabilities to live ordinary lives.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Goals set for people had been achieved and led to positive outcomes. We read that a person had a history of making unwise decisions and through this had stopped participating in activities and refusing medicines. With a review of support hours, staff support and positive approaches the person was living a happier more fulfilling life.
- Professionals were positive about the support and outcomes achieved by people with staff support. One professional said, "I have seen a good change in [person's name]. They have come a long way. They came here with little confidence and was unsettled. Now [person's name] is settled and seems to have a sense of purpose and identity".
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for people. For example, people had individual communication plans and the service were working with a local Speech and Language Team (SALT) to review and develop people's communication skills.
- Staff could tell us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. On day two of the inspection one person told us they were meeting with their social worker for a review that afternoon. We observed that the person led this review. Discussions were focused around them, their achievements and future goals.
- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- During the inspection we noted that people were supported to go shopping, catch public transport, attend workshops and eat away from the home. A person told us, "I like going to football and watching my favourite team". Another person said, "I went to the theatre recently, I enjoyed it. I like going swimming, playing volley ball and football. Been out today, down town, lunch out and caught the bus".

Improving care quality in response to complaints or concerns

- The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service.
- The service had an online complaints system in place; this captured the nature of complaints, steps taken

to resolve these and the outcome.

- People told us they knew how to raise concerns and make complaints. An easy read pictorial version of the local complaints procedure was available. One person said, "I would talk to staff if I wasn't happy".
- During the inspection a person raised concerns with the inspector, registered manager and operations manager. These concerns were recorded on the system and investigated by the operations manager. On day two of the inspection we were told that the investigation had concluded and the person was satisfied with the outcome. We found that a letter had been sent to and received by the person. The registered manager told us that lessons had been learnt in response to this and would be shared with staff at the next meeting.

End of life care and support

- People's end of life wishes had not been explored by the service.
- The registered manager told us that they would explore this with people and families.
- We were told that areas would include what to do in the event of an imminent death, choice of burial or cremation and funeral arrangements. In addition, the service said they would identify preferences such as readings, music and flowers.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Woolston Road had developed a service charter which included headings such as; care provided will be personalised to individuals, create an environment of positive behaviour, provide a welcoming and homely environment. We observed staff promoting these throughout the inspection. A senior support worker told us, "Promoting person centred care is important. It is all about maximising opportunities for people whilst putting them in the centre of the service they receive".
- Staff, people, relatives and professionals were positive about the management of the home. A person said; "Registered manager OK. Friendly, helpful. Talks to me and listens". Staff comments included, "[Registered manager's name] is good. We can be really open and have two-way conversations", The registered manager is really good, they are approachable and have the answers we need. [Registered manager's name] is respected by the team and people and they respect us all too" and "The management team lead by example and put people first". A professional told us, "The registered manager leads by example which is positive for staff and people alike. They are very outcome focused".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The registered manager said, "Situations may include death, abuse or injury to a person. Being transparent is important to me". A social care professional said, "I believe the service is open and transparent in their approach".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff; Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and of high quality.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received. The operations manager completed quarterly visits. We found these were to include themed visits. The last visit focused on fire safety. In addition, at least once per year the organisations quality team checked the service on behalf of the provider.
- Managers and staff were clear about their roles and responsibilities.
- Staff told us they felt supported, valued and listened to by the management team. The registered manager told us that they had recently introduced a 50 small things initiative. This was an opportunity for staff and people to suggest changes and improvements no matter how small to develop the home. Changes to date had included; a tuck shop, furniture and activities. A staff member told us, "I feel listened to. I suggested we

support people more in the garden. We now do this".

- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- People had completed a survey of their views and they met frequently to discuss the service they received. The feedback had been used to continuously improve the service. For example, the home was currently looking at new activities for people and how they responded to concerns.

Working in partnership with others

- Woolston Road worked in partnership with other agencies to provide good care and treatment to people. We were told that the service was currently working closely with the local learning disability teams and GP's to review people's needs in relation to medicines.
- Professionals fed back positively about partnership working with the home. One professional said, "Partnership work is really good. We have positive communication and responses are received in a timely way". Another professional told us, "We have a positive working relationship with the home. Always invited to things and if we can't attend we receive detailed updates".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.