

Voyage 1 Limited

Spring Grove Road

Inspection report

231-233 Spring Grove Road
Isleworth
Middlesex
TW7 4AF

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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

Spring Grove Road is a care home for up to five adults who have a learning disability. The accommodation is provided in two semi-detached houses which are connected via a shared garden. At the time of our inspection one person lived in one house and three people lived in the other. The home is managed by Voyage 1 Limited, a UK wide company providing social and healthcare to people with learning disabilities.

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 and associated Regulations about how the service is run.

The last inspection of the service was on 7 July 2015 and the service was rated Good.

This inspection took place on 9 May 2017 and the service remained Good.

People appeared happy and relaxed at the service. The staff were kind, caring and supportive. People were given choices and these were respected. Relatives told us that they were happy with the service people received. They told us individual needs were met, the service was well run and the staff were appropriately skilled and were kind.

People's needs were being met. The staff had assessed individual needs and had planned for these. Their care was regularly reviewed and their opinions and wishes were valued and part of care planning. People enjoyed a range of different social activities. People were supported to eat a varied and nutritious diet and they were involved in planning, preparing and shopping for food. People were supported to develop independent living skills and help to keep their home tidy. The staff worked with other professionals to monitor and meet people's health needs.

The staff had the training and information they needed to safely care for people. There were enough staff and they were skilled and competent. Some staff felt they would like more support and did not always feel listened to. We told the regional operations manager about this so they could talk with the staff about how they felt. They were already aware of the situation and were working with the staff team to address concerns people had.

People were cared for in a safe environment. They were supported to receive their medicines in a safe way and as prescribed. The families of people told us they were involved in the service and were able to discuss any concerns they had. They told us these were acted on and they felt people were safe and well cared for.

The provider had systems for monitoring the quality of the service and making changes when needed. The staff maintained appropriate records.

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.

People were safeguarded by procedures which the staff knew and understood.

People received their medicines in a safe way and as prescribed.

There were enough staff who had been suitably recruited.

The environment was safely maintained.

Is the service effective?

Good ●

The service remains Good.

The staff had the skills, knowledge and information they needed to support people and to keep them safe. The provider made sure the staff had access to up to date and relevant training.

People's capacity to make decisions had been assessed. The provider had acted in accordance with the Mental Capacity Act 2005 where people lacked capacity so that decisions were made in their best interest.

People had a choice of freshly prepared meals.

The staff worked with other healthcare professionals to make sure people's healthcare needs were met.

Is the service caring?

Good ●

The service remains Good.

People were supported by staff who were kind and caring.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service remains Good.

People were supported in a way which met their needs and reflected their preferences.

The families of people living at the service knew how to make a complaint. They felt involved and listened to.

Is the service well-led?

Good ●

The service remains Good.

There were appropriate systems for managing the service and monitoring quality.

The staff undertook regular checks and audits.

Records were appropriately maintained.

Spring Grove Road

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 checked 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 was a comprehensive inspection of the service which took place on 9 May 2017 and was unannounced. The inspection visit was conducted by one inspector.

Before the inspection we looked at all the information we held about the service. This included the last inspection report and notifications of significant events and safeguarding alerts. The registered manager had completed a Provider Information Return (PIR) on 6 December 2016. The PIR 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.

The registered manager was on leave at the time of the inspection. We met three people who lived at the home and three support workers who were on duty. Following the visit we spoke with the family members of three people who lived at the service to hear what they felt about the home. The people who lived at the service were not able to tell us about their experiences of living at the service.

During the visit we observed how people were being cared for. We also looked at the environment and records which included the care records for all four people, records the staff used to monitor and assess the quality of the service, team meeting records and information about audits. We looked at how medicines were stored and recorded.

After the visit we had contact with the regional operations manager to discuss our findings and to gain further information about the service.

Is the service safe?

Our findings

The relatives of people who we spoke with told us they felt the service was safe.

There were procedures for safeguarding vulnerable adults and whistle blowing. Information about these was available for the staff and the staff had received relevant training. In addition, we saw that discussions around safeguarding were held at each team meeting. The staff on duty understood their responsibilities in reporting suspected abuse.

The staff had assessed the risks which each person was exposed to. These were recorded and the assessments were regularly reviewed and updated. The assessments included information about how the staff could minimise the risk of harm.

The staff also carried out checks on the safety of environment, including fire safety, water temperatures, checks on window restrictors and other equipment. There was evidence that the provider had organised for checks from approved companies to ensure all equipment and utilities were safe and appropriately maintained.

There was a contingency plan for the staff describing who they should contact and what action to take in a number of different emergency situations. There was also a file for the staff so that they had easily accessible information about how the service was managed and how to keep people safe.

There were enough staff and they had been suitably recruited. There was information about temporary staff who worked at the service.

People received their medicines as prescribed and in a safe way. Medicines were stored appropriately and securely. The staff responsible for administering medicines had been trained and their competency had been assessed. Records of medicine administration were accurate, up to date and clear. The staff audited medicines and counted supplies each day. There were additional audits of medicine records and storage weekly and monthly.

Is the service effective?

Our findings

The relatives of people who lived at the service told us they thought the staff were appropriately skilled and competent. One relative told us, "There have been a lot of staff changes, but they are all nice, [the provider] seems to pick them well." The staff told us they had the training they needed for the role. They also said that they had information about their role and responsibilities. One member of staff told us that they did not always feel supported by the organisation and felt that communication within the staff team needed to be improved so that the staff all worked in a consistent way. We discussed this with the organisation's regional support manager who told us they were already working closely with the staff team to discuss their concerns and find solutions to these.

The staff undertook a range of training opportunities via on line courses. The provider monitored these and we saw evidence that all the staff had completed the training required by the provider. The staff told us they also took part in classroom based training. There was evidence of regular team meetings and individual supervisions and appraisals. The staff used systems for planning each shift so that people received the care and support they needed. We also saw a range of files and information which were accessible for the staff to support them to understand their roles and people's needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to see whether the provider was complying with their responsibilities under the MCA and found that they were. People's capacity to consent had been assessed. In addition, there was clear information about how each person communicated and made decisions. This included any special considerations the staff needed to consider when offering people choices or explaining a situation. For example, there was information on the best environment, time and communication methods the staff should use to support each person to have the best chance for understanding and making informed decisions. The registered manager had made DoLS applications where people were not able to make specific decisions about restrictions on their freedom. There was also evidence the staff had worked closely with families, legal representatives and others to make decisions in people's best interests. These had been recorded.

People were supported to have enough to eat and drink. Their nutritional needs had been assessed and formed part of their care plans. People were able to make choices about what they ate and drank. On the day of our inspection we saw that people were involved in preparing lunch and were offered choices. The staff confirmed that this happened at each meal. Some people were able to prepare their own drinks and snacks and we also witnessed this. The food people ate was freshly prepared each day at the service and the staff recorded what they had chosen.

The staff worked with other healthcare professionals to make sure people's healthcare needs were being met. There was clear information about individual healthcare needs. These were monitored daily by the

staff. There was evidence of all healthcare consultations and the outcomes of these. We saw that people had regular appointments as needed and that information from other professionals had been incorporated into support plans.

Is the service caring?

Our findings

The relatives of people who lived at the home told us the staff were kind, caring and supportive. They said that their relatives had good relationships with the staff who supported them. Some of their comments included, "It is lovely", "[My relative] appears happy to be there", "All the staff are very good, it is like a family", "[My relative] is very settled, it is lovely there now", "[The staff] are doing a great job", "The staff are sensitive to [my relative's] feelings" and "The staff are great."

We observed the staff being kind and supportive. They knew people's needs and anticipated and met these. Their interactions with people were calm, thoughtful and caring. People appeared at ease with the staff and were supported to make choices about what they did and how they spent their time.

People's privacy and dignity were respected. The staff addressed people by their preferred names and respected their wishes. People were able to receive care in their own bedrooms and in private.

Is the service responsive?

Our findings

The relatives of people who lived at the service told us that people's needs were met. Some of their comments included, "[My relative] is clean and well looked after, [they] seem to have everything [they] need", "They are looking after [my relative] well", "[My relative] never goes without", "I am happy with [my relative's] appearance", "[My relative] does a lot more activities now than [they] did in the past" and "They are doing a great job."

People's needs had been assessed and were recorded in support plans. These plans were regularly reviewed and updated by the staff. Reviews incorporated the views and wishes of the person who they were supporting and others who were important to them. For example, people were asked each month about how they felt about their care, social activities, the food they ate and the support they received. Some people were not able to vocalise their feelings and the staff had used evidence of how people had responded to specific care or information from other ways they communicated. One person used a range of signs to communicate. There was a record, including photographs of the person to assist the staff to understand what the person was telling them. The staff recorded how each person had spent their time and we saw that this reflected the planned care.

People took part in a range of different social activities. They also access the local community and facilities such as swimming pools, bowling alleys and local parks. People were supported to use shops to buy for their own needs and for general food shopping. The staff described a number of different activities people had tried and how they wanted to give people more opportunities to try other new things. People were involved in preparing meals and household tasks and the staff supported them to learn new skills and develop the skills they had.

The relatives of people who lived at the service were supported to feel involved and welcome. They told us the staff contacted them to involve them in decision making and to let them know if there were any concerns. Some of their comments included, "The staff bring [my relative] to my house every week to visit me", "They tell me everything", "I speak with [the manager] all the time, they keep me informed", "[The staff] always ring me and keep me informed", "They stay in touch all the time" and "I visit weekly."

There was an appropriate complaints procedure and the relatives of people told us they knew how to make a complaint. They felt any concerns they raised were addressed. There was a record of all complaints and how these had been investigated and responded to.

Is the service well-led?

Our findings

The relatives of people who lived at the service told us they felt it was a good service. Some of their comments included, "I have no concerns, I could not find fault with the place", "I cannot speak highly enough of the place", "Everything runs smoothly" and "We are very happy, it is a fantastic place."

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.

The registered manager and staff carried out a number of different checks and audits on the service. These were recorded and we saw that action was taken when problems were identified. There were regular meetings with the staff team to discuss how the service ran and staff were able to contribute their ideas.

The provider carried out additional checks and audits. The registered manager had to complete information to show how the service was meeting key performance indicators developed by the provider. The regional operations manager visited the service at least once a month to carry out an audit, to observe care and to meet people who lived there and the staff. These visits were recorded. The provider's quality assurance team also carried out their own audits. There was evidence that when areas of concern were identified the registered manager had developed an action plan to address these and this was monitored.

The staff notified the Care Quality Commission of significant events as required. They recorded all accidents and incidents and these were analysed by the registered manager to identify any need for further action.