

Voyage 1 Limited

Spring Grove Road

Inspection report

231-233 Spring Grove Road
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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

Spring Grove Road is a residential care home for adults with learning disabilities. The service can accommodate up to five people. There were five people living there at the time of the inspection. The property is two semi detached houses joined through the garden. One house accommodates two people and the other three people. The service is owned and managed by Voyage 1 Limited, part of the Voyage Care group, a national provider of services for people with disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People using the service felt comfortable and felt the service was their home. They enjoyed a range of different activities each day which reflected their interests and how they liked to spend their time. Feedback from people's relatives was positive.

People were treated with kindness and respect. They were able to make decisions about their lives and were offered choices by staff. People were supported to be independent and learn new skills.

The staff were well trained and supported. There were clear procedures and processes and staff had the information they needed to provide effective care and support.

The service was designed like a family home and people were able to personalise this with their belongings. There were improvements to the building and garden which had been designed with the needs of people who lived there in mind.

The service had a registered manager who was familiar with people's needs. Feedback about the manager from relatives was positive. There were effective systems in place for monitoring and improving the quality of the service as well as responding to complaints, incidents and accidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The rating at the last inspection of 9 May 2017 (Published 8 June 2017) was good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information 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.

Spring Grove 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Spring Grove Road 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 looked at all the information we held about the provider including the last inspection report and notifications we had received from the provider about significant events, accidents and alerts.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met three people who lived at the service, the registered manager and two support workers. We spoke with the provider's operations manager on the telephone. We looked at the care plans for three people, and other care records for all people who lived at the service. We looked at how medicines were managed and undertook a partial tour of the environment. We also looked at other records the provider used for managing the service, which included audits.

After the inspection

We spoke with the relatives of two people over the telephone to gather their views on the service. The registered manager sent us some additional information we had requested. We received written feedback from six members of staff.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures for safeguarding adults. The staff received training in these and discussed the procedures and how they should respond to allegations of abuse or suspected abuse. The registered manager told us they discussed these procedures in team and individual meetings with staff to make sure they had a good awareness.
- People using the service were supported with their finances. There were appropriate systems to help protect them from the risk of financial abuse. The staff had completed financial risk assessments for each person. They held small amounts of cash for daily purchases. The cash amounts and balances were checked each time there was a change of staff and any discrepancies were investigated and acted on. The provider arranged for regular audits of people's finances. This meant they would be able to identify and investigate any potential problems.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. Staff had completed assessments regarding people's physical and mental health, safety around the home and in the community and any other area where a person was considered at risk. The assessments were incorporated into care plans. They were appropriately detailed and gave clear guidance about how risks should be reduced and people should be supported to be independent where they were able. The assessments were regularly reviewed and updated.
- Where people expressed themselves in a way which might appear threatening to others, the staff had completed detailed guidelines about this. The guidelines included possible triggers and what made the person upset or agitated. There were also strategies for staff intervention and how to support people to calm down and express themselves in a more positive way. The staff recorded all incidents including an analysis of what happened and what could have been done differently.
- The building and environment were safely maintained. The provider employed maintenance workers who addressed any faults or damage at the service promptly. There were checks on fire, electricity, water and gas safety and the staff also made daily checks on the health and safety of the environment. The staff had created emergency evacuation plans for each person describing how they should be supported in the event of an emergency, such as a fire. They also undertook regular fire drills and checks on fire safety equipment.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. The provider did not use agency staff and any staff absences and vacancies were covered by the provider's own staff. People's relatives told us they felt there were enough staff.
- The provider had suitable procedures for recruiting staff which included checks such as references from

previous employers, checks on their identification and any criminal records and a formal interview with the registered manager. The interview took place at the service and people living there were asked for their views about potential applicants.

- New staff undertook an induction and had their competencies assessed through regular supervisions, appraisals and assessments. This meant the provider ensured they were suitable to work with people and had the skills and competencies needed.

Using medicines safely

- People received their medicines in a safe way and as prescribed. Medicines were stored securely and at the correct temperatures. The staff received regular training updates and information about medicines management. The registered manager assessed the staff to make sure they followed safe medicines procedures. Medicines administration was recorded accurately.
- The staff undertook regular audits of administration records and medicines storage. This meant they were able to identify any errors and respond to these.
- People's medicines were regularly reviewed to make sure they were suitable and met their needs. The staff had information about each of the medicines, why they were prescribed and any potential side effects. This meant they had a better understanding about these medicines.

Preventing and controlling infection

- People were protected by the prevention and control of infection. There were procedures to make sure the service and equipment being used were clean and suitable. The staff undertook regular cleaning. The provider ensured staff were trained regarding infection control and food hygiene. The staff kept records to show they had checked the temperatures of food storage areas and cooked food. They knew what the suitable temperatures were and responded if there was a problem in this area.
- There was enough personal protective clothing, such as aprons and gloves available for staff and people using the service to use these when needed. For example, when preparing food or for staff supporting someone with personal care. The provider had suitable arrangements for the disposal of waste.
- Staff and people using the service were given information about seasonal flu vaccinations and encouraged to have these.

Learning lessons when things go wrong

- The provider had systems to learn when things went wrong. Staff knew how to respond in an emergency situation and had recently done this when a person had become suddenly unwell. They recorded all accidents and incidents so there was a clear audit trail to show what had happened and how this was responded to. The registered manager and provider's quality team viewed records of all accidents and incidents to monitor these and identify any trends.
- The staff had reflective discussions in team and individual meetings with their line manager so they could learn from incidents and discuss whether anything could have been done differently.
- The registered manager attended management meetings and met with the provider's operations manager, so they could learn about and from incidents which occurred in other services. They shared this learning with the staff.

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 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

- Most of the people who lived at the service had lived there for many years and all for over a year. This meant we did not view the initial assessments undertaken when they first moved to the service. However, we saw their needs were regularly reviewed to make sure these were being planned for and met. People's choices and how they wanted to be cared for formed part of the reviews. This meant the provider was planning and delivering care which reflected people's individual needs and wishes.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and had the information they needed to provide effective care. New members of staff undertook an induction. This included getting to know people, the procedures of the service and completing a range of training. New staff shadowed experienced workers until they felt confident and the registered manager felt they were competent.
- Staff completed regular training updates. The registered manager told us they could request specific training for the staff team if there was a need. They were able to view staff training status at any time, so they knew when to arrange for updates when training was due to expire. The provider also supported staff to undertake vocational qualifications. Staff were offered opportunities to take literacy, English or maths classes if they needed these.
- Staff took part in regular individual and team meetings with their line manager. These were used to discuss the service and also individual staff needs or competencies. The meetings were recorded and led to annual appraisals for each member of staff where they could set and work towards their own objectives.
- There was good information sharing between the staff. They took part in handovers where they discussed people's needs each day and made checks on the safety of the service.

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

- People had enough to eat and drink and were able to make choices about the food they were given. Care plans included information about people's dietary needs and preferences. The staff were familiar with these. Where there were specific risks regarding nutrition and hydration, these were clearly recorded, and the staff monitored people's intake and any concerns regarding this.
- Food was freshly prepared by the staff each day. The provider made sure there was a good supply of fresh fruit and vegetables. Menus were varied and nutritionally balanced.

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

- People's healthcare needs had been assessed and planned for. Care plans included clear guidance and

information about people's health and how they should be supported. Records showed people had regular healthcare appointments with different professionals. Recommendations and treatment plans were incorporated into care plans and the staff followed these. Care plans and guidelines were regularly reviewed.

- Care plans also included guidance about how each person should stay healthy, such as exercising, looking at lifestyle and good nutrition.
- The staff had a good understanding about people's health. They monitored this daily and had responded appropriately when people became unwell.
- There were care plans to make sure people received the support they needed with oral healthcare, including regular dental appointments and guidance for the staff about the support they needed with brushing their teeth.

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

- The environment was suitable to meet people's needs. People had their own bedrooms which they were able to personalise. Communal areas also had homely features which reflected people's personalities and likes.
- The provider was in the process of refurbishing the garden. They were making this more user friendly and accessible for people with mobility needs. The registered manager told us there were further plans to improve the internal environment.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider ensured consent to care was provided in line with legislation and guidance. The staff had assessed people's mental capacity. Where people lacked the mental capacity to make decisions, they had ensured these decisions were made in their best interests with their legal representatives and others who were important to them. The provider had applied for, and monitored, DoLS authorisations as needed.
- In order to support people to make decisions where they were able, the staff had created decision making profiles and communication care plans. These outlined how people should be offered choices and when was the best time and environment for them to make decisions.

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 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

- People were well treated and the staff respected their equality and diversity. People's relatives gave positive feedback about the service and staff, telling us staff were kind, patient and caring. We also observed staff interacting with people in a positive way, offering choices and understanding about people's needs and preferences.
- Information about people's individual cultural, religious and lifestyle choices and needs was recorded in their care plans. Care was planned to meet these needs and in a non-judgmental way.
- People had different sensory needs and abilities. The service was organised and delivered in a way to meet these needs. The staff had a good understanding about individual people and how best to support them. The provider and staff had adapted the service to meet people's changing needs. For example, adapting the environment to reflect changes in mobility.

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

- People were supported to make choices about their lives. Some of the people at the service did not communicate verbally. There was clear information about how staff should support them to make decisions and express their needs. Care plans included details about how to support people to maximise their understanding and be able to express their preferences.
- One of the people using the service represented others by giving their views about potential new staff when they attended for interviews.
- The service comprised of two semi-detached properties, one for two people and one for three. Because of the small number of people living in each home, care was personalised to reflect their choices and people were able to make decisions about how they spent their time and what they ate each day.
- For people who had the mental capacity to understand about the general election, the staff had completed assessments entitled, "support my vote." These were designed to assess people's capacity to make a decision in this area and to look at how the staff could better enable people to make an informed decision. There was a plan of support for the polling station, for example explaining the person had a learning disability, outlining any visual impairment and the support they needed with this and whether they needed an escort to support them to mark the ballot papers.

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and dignity. They addressed people in a respectful way and made sure care was provided in private when needed.
- People were supported to be independent where they were able and learn new skills. Each person had a

plan and guidelines which reflected their individual skills and the areas where they could become more independent. This ranged from learning to wash their own hands to being involved in food preparation and household tasks.

- People were assigned a keyworker, a member of staff who monitored their care plan and provision. They regularly met with their keyworker to review decisions about their care and set new goals where they wanted to try something new or become more independent.

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 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

- People's care was personalised and reflected their choices and needs. The staff had created care plans for each person. These were sufficiently detailed about people's individual needs and how they should be cared for. Staff were given time to read and understand these and had regular meetings with each other to discuss any changes. This meant they knew how to care for people.
- Care plans included information about what was important to the person, what a good day and what a bad day looked like. This helped the staff to understand about people's preferences and how they may react in certain situations.
- People using the service, and others who were important to them, were involved in reviewing their care and developing new goals or changing how care was provided. The staff kept records to show they had monitored people's needs and to describe the care they had provided each day. These records were used to judge whether people's needs were being met and if any changes to their planned care were needed.

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.

- There were communication care plans and guidelines for each person describing how they communicated and how staff should communicate with them. The guidelines included different scenarios about how people may express or communicate certain emotions, such as hunger, pain, boredom, being unwell and feeling happy. The guidelines were regularly reviewed.
- Where people wanted to and were able, photographs of them in different situations had been added to documents to provide them with visual clues and the staff with a clearer understanding of their needs. One person used a file of personalised symbols which they could point to in order to explain something to a member of staff or others.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to take part in a range of different activities within the service and in the local community. There was a plan for each person and how they would like to spend their time. The staff also supported them to take part in ad-hoc activities and special events and holidays.
- The staff understood the importance of people staying physically fit and having opportunities to exercise and enjoy the fresh air. Some of the regular planned activities incorporated these.

- People's families were an important part of their lives. Family members told us they were consulted and involved, and they were welcome at the service. The staff supported people to see their families and friends.
- Some people undertook voluntary work in the community. The staff had helped others to plan for possible employment by assessing their skills and looking at how these could be used in different work or voluntary situations.

End of life care and support

- No one was being cared for at the end of their lives at the time of our inspection, however the staff had created plans which described any specific arrangements they or their family would like for end of life care and funeral arrangements. This meant the information was available should it be needed in the future.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints procedure. Information about this was available in an easy to read format within the handbook people were given. The provider had systems to make sure complaints were handled appropriately and lessons were learnt from these.

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

- People using the service and their families were happy with the service. The registered manager stayed in regular contact with family members and informed them about their loved ones.
- Where possible people were involved in planning and reviewing their care. The staff had a good understanding of their needs and preferences. There was a positive and inclusive atmosphere at the service and the staff focussed on ensuring people were safe, happy and well cared for.
- The provider asked stakeholders to complete satisfaction surveys about their experiences. They analysed these to identify any areas where improvements were needed.
- Feedback received by the provider included compliments about the way in which the service was run. One stakeholder had said there was a "tremendous change and [people using the service] are more active." Another stakeholder had said, "All taken care of beautifully" and the staff were doing "a fantastic job."
- Feedback from the staff was also generally positive with the staff expressing how they enjoyed caring for people and felt there was good communication and atmosphere at the service. The concerns from staff were that they were unhappy with the level of pay they received for the work they did. The provider was aware of these concerns.

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

- The registered manager was suitably qualified and had worked at the service since 2015. They had a good understanding about regulatory requirements and providing a quality service. They had introduced changes at the service which had led to improvements in the care people received. The staff found the registered manager supportive.
- The provider had clear systems, processes, policies and procedures which met regulatory requirements. They employed a quality team who monitored the way in which services were run and who worked closely with the registered manager.
- Records at the service were well organised, accurate and up to date. There were effective systems for making sure information was stored securely and in line with data protection legislation.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service and assessing risks. The staff undertook regular audits about the safety and day to day running of the service. In addition, the

registered manager and senior staff completed quarterly audits of the whole service. Where they identified areas for improvement, they had created action plans which outlined what needed to improve and who was responsible for this.

- There were regular reviews of people's care to make sure planned care reflected their needs and preferences.

Working in partnership with others

- The registered manager and staff worked closely with other Voyage 1 Limited services. There were regular managers meetings where ideas and information were shared.
- The service had recently had an audit from the local commissioners. They had reported on their findings providing guidance where needed.
- The staff worked closely with other healthcare professionals to make sure individual needs were assessed, monitored and met.

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

- The provider had a policy and procedure regarding duty of candour. Complaints, accidents and incidents were analysed by the registered manager and the provider's quality team so theses could be learnt from.