

# Voyage 1 Limited Glen Eldon

## 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 inspection took place on 20 February 2018 and was unannounced. Glen Eldon is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Glen Eldon is registered to provide accommodation and support to nine people. At the time of the inspection there were five people living there.

### Rating at last inspection

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

### Why the service is rated Good.

Processes, procedures and staff training were in place to protect people from avoidable harm and abuse. Staff had identified risks to people and these were managed safely. Safe staff recruitment processes were followed and there were sufficient staff to meet people's needs. Competent staff managed people's medicines safely. Processes were in place to protect people from the risk of acquiring an infection. Staff learning took place following incidents to ensure people's future safety.

People's needs were assessed and their care was delivered in accordance with good practice guidance. People were cared for by staff that had been well supported in their role. Staff ensured people ate and drank sufficient for their needs. The environment was not suitable for everyone's needs and the provider planned to re-locate the service. Staff worked with other organisations to ensure people received effective care, support and treatment. People were supported to live healthier lives and their healthcare needs were met. 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. The service had sustained the improvements they had made in this key area, which is now rated, as good.

Staff treated people with kindness and compassion they cared about people. Staff supported people to make choices about their lives. Staff treated people with respect and upheld their dignity and human rights when delivering their care.

Staff organised the delivery of people's care around the needs, interests and preferences of each person in their care. People led active and fulfilled lives. Staff understood their role and responsibility to support people or their relatives to make a complaint if they wished.

Staff were observed to apply the provider's values in their work with people. The service had clear and

effective governance and management arrangements. People, their families, professionals and staff were involved with the service in a number of ways. The provider had robust quality assurance systems which were operated across all levels of the service. Staff had worked effectively in partnership with other agencies to promote positive outcomes for people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service has improved to Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Glen Eldon

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 February and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a person with a learning disability.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

Prior to the inspection, we received written feedback on the service from a social worker and an occupational therapist. All but one person living at the service could not speak with us about their experiences so we spoke with this person and five relatives. We also spoke with four care staff, the registered manager and the operations manager.

We reviewed records, which included two people's care plans and two staff recruitment and supervision records in addition to records relating to the management of the service.

The service last had a comprehensive inspection in January 2016 when one breach of the Regulations was found. This one breach was followed up at a focused inspection held in June 2017 where we found the provider was now meeting this Regulation.

# Is the service safe?

## Our findings

People's relatives told us they felt their loved ones were kept safe within the service by staff. One told us, "[Loved one] is as safe as [loved one] can be. Everyone is doing what they can without impinging on [loved one's] freedom. They're continuously updating [loved one's] equipment." Another relative informed us that their loved one's medicines were safely managed by staff. A third relative said, "Although there is a turnover of staff they are recruited to certain standards, and the manager ensures they follow the requirements."

Processes, procedures and training were in place to protect people from avoidable harm and abuse. Staff were aware of the risk of abuse, they understood how to raise concerns and felt the registered manager would manage any concerns they raised effectively.

Risks to people's safety were managed by means of risk assessments, which staff had read and which were reviewed and updated regularly. Records showed staffing had been increased to manage a newly identified risk for a person. Safety checks had been completed in relation to fire, gas, electrical, water and equipment. Staff were informed of incidents at the staff shift handover and any learning from incidents was shared with staff in order to improve the service.

There were sufficient staff rostered to meet people's needs, which records confirmed. The service had a high staff vacancy rate; however, the potential impact upon people had been mitigated by the use of regular staff from the provider's other services. The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, full employment history, a health declaration and evidence of good conduct in previous employment. The provider had carried out a thorough recruitment and induction process.

Arrangements were in place to receive, record, store and handle medicines safely and securely. People's medicines were only administered by staff who had undertaken relevant training, which included the administration of epilepsy rescue medication, which some people required. Staff's competency to administer people's medicines had been assessed annually as required.

The service was visibly clean. Processes, procedures and training were in place to protect people from the risk of acquiring an infection. Staff had undertaken training and understood their responsibilities in relation to infection control and followed the guidance provided.

# Is the service effective?

## Our findings

Relatives told us they were happy with the support provided in response to people's identified care needs. Relatives told us staff contacted them if their loved one was not well and involved them in decisions. A relative commented, "We can talk and resolve issues." Relatives reported people were provided with a balanced diet. A relative said, "Staff have a deep knowledge."

On 14 and 15 January 2016, we completed a comprehensive inspection of Glen Eldon and judged the provider to be in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Consent. We served a requirement notice and the provider sent us an action plan, which stated they would make the required improvements by 31 March 2016. The key question of effective was rated 'Requires Improvement.' On 7 June 2017, we completed a focused inspection to check the provider's progress in meeting their action plan and we found that the requirements of Regulation 11 had been met. At this inspection, we looked at all aspects of effective and we have been able to change the rating for this key question to good.

People's needs had been comprehensively assessed, expected outcomes were identified and people's care and support was regularly reviewed. Staff were kept informed of developments and changes in good practice guidance. As a result, staff had worked with a local GP to reduce the unnecessary use of antipsychotic medicines for people in accordance with national guidance and good practice in relation to the provision of care for people with a learning disability. A relative confirmed this reduction had taken place.

New staff underwent an induction appropriate to their role. In addition to the provider's required training, staff underwent training specific to the care needs of the people whom they supported, to ensure they could meet their needs effectively. Staff who wished to undertake further professional qualifications in social care were supported to do this. Staff told us and records confirmed they received regular supervision and had an annual appraisal of their work.

People were involved in planning their weekly meals and had a choice of two meals at lunchtime and in the evening. Staff monitored people's weight and promoted healthy eating whilst respecting people's right to make their own choices. Staff understood the importance of ensuring people maintained a good level of hydration and ensured people were provided with their choice of drinks.

The current environment was not totally suitable for everyone's needs, as some people experienced poor mobility. However, the provider was aware of this and planned to have the service re-located to more suitable premises.

Staff worked across organisations to ensure people received effective care support and treatment. For example, in relation to the proposed service re-location, staff had worked with their own behavioural therapist, service commissioners and an Occupational Therapist to ensure the transition was well planned and had a positive outcome for people.

People had an annual health check in accordance with national guidance and a health action plan to address their healthcare needs. People also had a hospital passport, which informed healthcare staff of key information they needed to be aware of about the person. A person had been supported by staff to reduce their weight through changing their diet and becoming more active.

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 (MCA) 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. The registered manager and staff were appropriately trained and understood their responsibilities under the MCA 2005. The registered manager had applied for authorisation under the Safeguards where they considered a person might be deprived of their liberty. Processes were in place to ensure people received their care and risks to them were managed in as least restrictive manner as possible. Where people were lacked the capacity to consent to aspects of their care, a MCA assessment had been completed and relevant others had been consulted in order to identify what was in the person's best interests.



## Is the service caring?

### Our findings

Relatives told us staff were kind and caring. A relative said, "Staff are all very kind and provide person centred care." Another relative commented, "My [loved one] has the freedom to go wherever [loved one] wants to go, what [loved one] wants to eat and has a choice of meals and snacks. [Loved one] goes out every day, goes for sensory sessions or just for a drive. [Loved one] is happy here." A third relative told us, "Staff are so kind" and "They give their time."

There was a visible person-centred culture. An Occupational Therapist reported, 'Staff show empathy and kindness towards the residents and it is clear from their attitude and approach that they care.' Staff knew the people they cared for well and people were relaxed in their company. Staff did not rush people with their care, but went at the person's pace. Staff were sensitive to people's moods and intervened to ensure people received the emotional support they required.

Some people used Makaton, which is a signing system, and staff were observed to communicate with people using this method. People were also supported to use pictorial symbols and planners to communicate and these enabled them to understand what was going to be happening that day. Staff were provided with written guidance about what people's non-verbal communications might mean and demonstrated a good understanding of people's vocalisations, gestures and eye movements. Staff communicated with people continually to ensure they were informed of what was happening, which helped alleviate any anxieties they might have had.

People's records demonstrated the choices staff had offered them and their decisions. Staff told us and records confirmed how they had sought out ways to enable a person to make a specific new choice for themselves, which had resulted in a positive change for that person.

Staff were responsive to people's individual preferences, for example, staff ensured people's food preferences were met, when they wished to eat something different from the planned meal. People's preferences about their personal appearance were documented for staff who ensured people were well presented.

Staff recognised and protected people's human rights. Two people received gender specific support as per their preferences and another two people received staff support to practice their religious beliefs.

Staff had completed privacy and dignity training and understood how to uphold this during the provision of people's care. Staff understood people's right to have private time to themselves when they wished and their rights had been respected.

## Is the service responsive?

### Our findings

Relatives told us the service was responsive to peoples' needs. A relative said, "[Loved one] has a care plan which we agree annually with objectives on health, mobility and need for continuous activity. They do all the right activities." Relatives were also clear about the pathway they had to follow for any issues to be resolved.

Staff had completed training in how to work in a person centred manner, which is when the provision of the person's care is based around the person's needs rather than those of the service. Staff understood and applied these principles in the course of their work with people.

Staff who drove were rostered on the day shifts, to ensure people were taken to their activities and appointments. People had individualised activity schedules, based on their interests and preferences. In addition, people had been consulted about and visited an array of places of interest both locally and further afield, which photos demonstrated they had clearly enjoyed. People had a visible community presence and were involved in activities both within their local community and with people from other services. People were supported by staff to go on holiday.

People's accomplishments were documented and staff used this knowledge to further promote people's independence in relation to their self-care and participation in daily life at the service.

Staff continuously sought new experiences, which they asked people if they wanted to try. Records showed staff evaluated people's responses to new activities in order to identify if they wanted to pursue the activity and if so, any changes required to improve the experience for the person.

People, their relatives and professionals had been consulted about the proposed re-location of the service. People each had an action plan that detailed their individual needs and actions required to facilitate a smooth transition for them.

The service ensured that people had access to the information they needed in a way they could understand and complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. An easy read version of the safeguarding process was provided for people.

Although no complaints had been received, the provider had a complaints policy and staff understood their role and responsibility to support people or their relatives to make a complaint.

## Is the service well-led?

### Our findings

Relatives told us they felt that the management of Glen Eldon organised the provision of people's care in a constructive way. One relative commented, "We receive a weekly email with a report template on the activities." Another relative said, "The manager has been great. She definitely puts a lot of effort in and is always around even if she's not on duty." A third relative commented, "Staff think about them first and how they can improve it. They go the extra mile. Nothing is ever too much."

The provider had refreshed their values in consultation with people who used their services. The new values were: empowering, together, honest, outstanding and supportive. Staff were observed to apply these values in their work with people.

The registered manager fostered a positive culture within the staff team in order to achieve good outcomes for people. Staff told us they enjoyed working at the service and felt well supported. Staff told us the registered manager operated an 'Open door' policy, which enabled staff to raise any issues with them.

The service had clear and effective governance and management arrangements. There was a registered manager whom staff told us led by example, a shift leader on staff shifts and a shift planner to ensure staff understood their responsibilities on each shift. Staff told us the registered manager had made, "Great changes" and led the team well. The registered manager had been recognised through their nomination for the provider's home manager of the year award 2017.

The service maintained open communication with people's families through weekly email updates and a monthly service newsletter. Staff were engaged through the staff shift handovers, supervisions and the regular staff meetings.

People, their families, staff and professionals had been sent the annual quality assurance survey to seek their views and the registered manager was waiting for the results to be collated.

The provider operated a process of 'Quality Checkers,' these were people who used the provider's services who completed quality assurance checks alongside the provider's quality assurance team. A Quality Checker had visited in November 2017 and provided positive feedback.

The provider had robust quality assurance systems, which were operated, across all levels of the service. The provider's quality assurance team last audited the service in November 2017, when the service scored 96.4%. Records demonstrated that this was a significant improvement since the previous quality team audit. Where audits identified issues that required addressing to improve the service for people, these were added to the service's consolidated action plan. There was evidence that items identified had been addressed to improve the service for people.

Staff had worked effectively in partnership with other agencies to promote positive outcomes for people, such as through reducing the use of any unnecessary medication and ensuring a smooth transition for

people to the new service.