Voyage 1 Limited

Winchester Road

Inspection report

52 Winchester Road
Four Marks
Alton
Hampshire
GU34 5HR
Tel: 01420 564028
Website: www.voyagecare.com

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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

Overall summary

This inspection was carried out on 23 and 24 June 2015 and was unannounced.

Winchester Road provides accommodation and personal care for up to four people who have learning disabilities. At the time of our inspection three people were using the service.

Winchester Road has 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.

Summary of findings

Staff had received safeguarding training. They told us they understood how to recognise the signs of abuse and knew how to report their concerns if they had any. There was a safeguarding policy in place. Relatives told us their family member felt safe and people behaved in a way which indicated they felt safe.

Risks had been appropriately identified and addressed in relation to people's specific needs. Staff were aware of people's individual risk assessments and knew how to mitigate the risks.

Medicines were stored safely and administered by staff who had been trained and were competent to do so. There were procedures in place to ensure the safe handling and administration of medicines.

People were asked for their consent before care or support was provided. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. This meant that people's mental capacity was assessed and decisions were made in their best interest involving relevant people. The registered manager was aware of his responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people using the service. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

Relatives told us they were pleased with the service and people said they were happy. Staff understood people's preferences and knew how to communicate with them. People behaved in a way which showed they felt supported and happy. People were supported to choose their meals. Snacks and drinks were available in between meals. Staff were kind and caring and respected people's dignity. People's independence was promoted wherever possible by staff.

Support plans were detailed and included a range of documents covering every aspect of a person's care and support. The support plans were used to ensure that people received care and support in line with their needs and wishes. We saw this reflected in the support observed during the visit.

There was evidence in support plans that the provider had responded to health needs and this had led to positive outcomes for people.

The registered manager was liked and respected by people, staff and relatives. There was good morale amongst staff who worked as a team in an open and transparent culture. Staff felt respected and listened to by the registered manager. Regular staff meetings meant that staff were involved in the development of future plans. There was a positive and caring atmosphere in the home and effective and responsive planning and delivery of care and support.

Summary of findings

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.

Staff knew how to keep people safe from harm and protect them from abuse. Identified risks had been recorded and addressed.

The registered manager planned staff rosters to ensure there were enough staff to meet people's needs. There were effective systems in place to ensure appropriate staff were recruited.

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Medicines were administered safely by staff who had been trained to do so.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

People were able to choose their meals and had access to drinks and snacks when required, to ensure adequate nutrition and hydration.

People were supported to make their own decisions, but where they did not have mental capacity the provider had complied with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported in a stable and caring environment and staff promoted an atmosphere which was kind and friendly.

People were supported to express their views and were actively involved in decisions about their care.

People were treated with respect and dignity and independence was promoted wherever possible.

Is the service responsive?

Good

The service was responsive.

People's preferences, likes and dislikes had been recorded and responded to.

Summary of findings

The registered manager responded to feedback from people, relatives and staff.

Appropriate action was taken in response to people's health needs.

Is the service well-led?

Good

The service was well led.

We found the service had an open and transparent culture.

People and staff were encouraged to be involved in the future development of the service.

There were systems in place to ensure that knowledge and skills were shared so that the service could continually improve.

Effective quality assurance systems were in place, to ensure a continuous and consistent delivery of high quality care.

Winchester 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 inspection was carried out on 23 and 24 June 2015 and was unannounced. The inspection was carried out by an inspector and a specialist advisor. A specialist advisor is someone who has clinical experience and knowledge. In this case their skills and knowledge were with people who are living with a learning disability.

Before the inspection, we reviewed all the information we held about the home including the previous inspection reports and notifications received by the Care Quality commission. A notification is information about important events which the provider is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We obtained this information during the inspection.

During our inspection we spoke with one relative and three people. We also spoke with the registered manager and two support staff. We reviewed records relating to the management of the home, such as audits, and reviewed two staff records. We also reviewed records relating to three people's care and support such as their support plans, risk assessments and medicines administration records.

We last inspected the home in January 2014 and found no concerns.

Good

Is the service safe?

Our findings

A relative told us their family member felt safe. They said, when asked if their relative felt safe, “Yes, he behaves as though he feels safe.” One person told us they felt safe and said that staff reassured them. People behaved in a way which showed they felt safe. They smiled and interacted with staff in a positive way.

Staff had received safeguarding training and were able to describe types and signs of abuse and potential harm. They also knew how to report abuse. Staff were aware of how to protect people from abuse. The registered manager ensured that staff knew about the provider’s safeguarding and whistleblowing policies. Safeguarding was discussed regularly during staff meetings. Cards were handed out to staff entitled ‘See something, say something.’ The cards gave clear instructions to staff about how to report any concerns about the service. Staff said they would feel able to whistle-blow, if necessary, without fear of reprisal.

There was a system in place to address and review individual risks to people. Risk assessments, referred to by the provider as support guidelines, were in place for each person on an individual basis. People were living with a learning disability and were at risk from a large number of everyday activities. The plans described how the person was involved in developing their support guidelines. Risks were rated as ‘stop’, ‘think’ or ‘go’. A rating of ‘stop’ required a risk meeting with the wider support team and a ‘think’ required a risk meeting with the immediate support team. A risk management plan was drawn up to establish preventative strategies to reduce each identified risk for each person. For example, a recent choking incident had led the registered manager to review support guidelines in relation to the risk of choking for one person. They also re-referred the person to a speech and language therapist in order to determine whether any further actions needed to be taken.

There were generic risk assessments in place to protect staff and other visitors to the service. These were in relation to the use of bathrooms and stairs, lone working, stress at work and fire safety. There were plans in place to address changes in the weather such as extremes of hot and cold, to ensure people were kept safe and the service was able to continue. The provider had considered risk in relation to people and staff and taken appropriate action.

There were arrangements in place to address any foreseeable emergency, such as a fire. For example, there were ‘hospital grab sheets’ in place for each person. Grab sheets provided key information about each person which would be needed in the event of an emergency or an admission to hospital. They included person centred information. Evacuations of the home were practised so that people and staff knew what to do in the event of an emergency.

Incidents and accidents were recorded appropriately and investigated where necessary. Any resultant learning or changes to support plans or support guidelines were discussed with staff. For example after a recent incident one person had been referred to a health professional. Following professional advice some changes were made to their support guidelines. These were discussed during staff handover and had been written in the communication book. This meant the provider took action to reduce the risk of further incidents and accidents.

The registered manager explained staff allocation was based on how many people required one to one support and the known needs of the other people using the service. This meant that two members of staff were on a day shift and one was on a night shift. The registered manager was available to cover any emergencies. The rosters reflected the staffing and skill mix described. Emergencies such as staff absence due to sickness were mostly covered by staff picking up extra shifts. Sometimes cover was provided by staff from other homes run by the same provider.

Good

Is the service safe?

Agency use was avoided as it affected the consistency of care provided for people with very specific needs, which the permanent staff knew well.

There was a recruitment policy in place, which was followed by the registered manager. Disclosure and Barring (DBS) checks were carried out before any staff could be recruited. These checks identify if prospective staff had a criminal record or were barred from working with people at risk. Potential staff had to provide two references and a full employment history, to ensure they were suitable to work within the service. Potential members of staff spent time in the home before being offered a job. This ensured they were a suitable match for people.

Medicines were administered safely by staff who had been trained to do so. Staff had received medication training and their competency was checked by the registered manager annually. Following training staff had their competency checked on three occasions by the registered manager before being permitted to administer medicines unsupervised. We reviewed records in relation to medicines. Medication Administration Records (MAR) were kept for each person. These were all signed appropriately with no gaps. Medicine stock levels were monitored and recorded on a daily basis by the member of staff administering medicines. Medicines were also checked weekly and monthly by the registered manager to ensure they were safely stored and administered.

Medicines were stored safely and securely. Temperatures were monitored on a daily basis to ensure medicines were kept at a safe temperature and the use of air conditioning ensured the room did not become over heated. Each person had individual records kept in relation to their medicines. These included a photograph, a medicines profile history, how the person likes to take their medicines, guidelines for medicines which needed to be taken ‘ as required’ and how the person would indicate they were in pain. A selection of medicines were checked and all were within date and had the date they were opened recorded.

Good

Is the service effective?

Our findings

Relatives told us they were very pleased with their relatives care and support. One relative said “They are very good with him.” Observations within the home showed that staff were delivering support according to support plans and that people looked happy and responded to staff. We saw that staff communicated effectively with people, in accordance with their individual plans, in order to provide support and care.

Staff had received appropriate training to deliver the care and support for people. Records showed that training covered all essential areas such as medicines, food hygiene and fire safety. There was also training in respect of autism and crisis intervention. Extra practical first aid training had been booked for staff, in the next month, as one person had a risk of choking. Staff had regular supervision meetings and said they felt supported to carry out their roles effectively.

A staff information pocket booklet was issued to all staff which contained key information as a prompt to staff. For example about mental capacity, safeguarding, Deprivation of Liberty Safeguards, accident reporting and road safety. This helped to ensure staff had the right knowledge to provide care and support for people.

People were asked for consent before care and support was provided. Communication support plans made it clear how people communicated so that staff understood when people were consenting. Two people were able to give verbal consent and staff spoke with them in short, clear sentences to ensure they understood. Support plans included a decision making profile. The profile described how the person liked to be given information, the best way to present choices, ways to help the person understand the information, the best time for them to make a decision and when would be a bad time for them to make a decision. This meant there were systems in place to ensure that people were given every opportunity to make a decision for themselves.

Where people lacked capacity to make specific decisions the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. We found that staff had received training in the MCA and were able describe the principles. The registered manager had recorded for each person which types of decisions needed to be made in their best interests and the people who needed to be involved in those decisions. For example one person had capacity to make decisions around daily living but it was recorded that for more complex decisions such as medical treatment, a mental capacity assessment would need to be completed. There were also decision making agreements in each person’s file. This showed that the registered manager had understood the MCA and had abided by its principles in considering everyone’s mental capacity in relation to different types of decision. Appropriate mental capacity assessments were in people’s care plans including best interest decisions where necessary.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. We found that the registered manager understood when an application should be made and was aware of a Supreme Court Judgement which widened and clarified the definition of the deprivation of liberty. Relevant applications had been submitted for people.

We spoke with staff who had a good detailed knowledge of people’s needs, their preferences, likes and dislikes. Support plans were in place which recorded people’s support requirements. These matched what staff told us and our observations. For example support plans gave detailed descriptions under the headings ‘what’s

Good

Is the service effective?

important to me' and 'how to support me well.' Observations indicated the staff knew the people they supported, enabling their skills and focussing on the positive as well as supporting their needs. For example one person's support plan stated that they liked to be independent. Staff reminded the person about appointment times and supported them to ensure they caught the bus on time.

Menus were chosen by people, who were involved in doing the weekly shopping and contributed to the food preparation. Staff managed the food choices to ensure that the overall weekly menu was healthy and balanced. The menus were displayed on a board in the kitchen so people could see what they were going to eat that day. People were able to choose alternatives on the day if they didn't want what was on the menu. One person described to us, how they had a choice at mealtimes. We saw that people were offered drinks and snacks in between meals and were able to help themselves from the fruit bowl whenever they wanted. Food was kept in a locked cupboard, but was always unlocked whenever it was mealtime or if someone requested a snack. The registered manager explained that this was so that staff were aware of people's nutritional intake and could encourage healthy options.

Some people had a problem maintaining a healthy weight but this had improved recently following increased physical activity in the form of swimming and an exercise bike and the encouragement of healthier food choices. Action had been taken to keep people healthy and to promote a healthy lifestyle.

Health professionals were appropriately involved in people's care. Records showed that health needs were met very well. Everyone had received regular check-ups at the dentist and optician and saw their GP when needed. Support plans included records of GP appointments and other appointments such as dietician and psychiatrist. Each person had a health action plan to ensure that people's day to day health needs were met.

Good

Is the service caring?

Our findings

Relatives told us they were very happy with the care their family member received at Winchester Road. One relative said “They know him very well – he’s a bit of a joker.” One person said “I like it here.”

Staff were supportive and caring. We observed people receiving support in communal areas within the home. They interacted in a meaningful way which people enjoyed and responded to. There was lively banter between staff and people indicating how well staff knew people. Staff spoke about the positive parts of people’s characters with unconditional positive regard and described how they really enjoyed coming to work. One member of staff said “It doesn’t feel like coming to work – it feels like I am just hanging out with the guys.” There were genuine friendships between staff and people. One relative said “They all know (my relative); if he gets upset they sort it out for him.”

One person had been supported to re-join his local church, where he had made special friends. Staff supported him to take part in activities with his friends and display pictures of his friends on the wall in his bedroom. This meant that friendships outside the home were encouraged as social interaction was important to the person. Everyone was encouraged to have regular contact with family and friends and to enjoy weekend visits with family.

Support plans included a ‘relationship map.’ The map recorded important relationships such as family members, keyworkers, friends within the home and also other friendships outside the home.

The home had carried out a recent family feedback survey. Positive comments had been received from relatives and these included “the continuity of care is very good” and “there is good communication – we are kept informed.” One family member said “We are always talking to (the registered manager) on the telephone.” Relatives and staff were working together towards the same goal and therefore support was provided consistently.

Staff made every effort to maximise people’s dignity. They spoke to people with care and respect, taking account of their wishes and personal preferences and ensuring they were happy and comfortable. We observed that people were dressed in a dignified way in clean, age appropriate, clothes, which they had chosen. Staff knocked on people’s bedroom doors and waited for a response before entering. Each person was able to lock their bedroom door, if they chose, ensuring their privacy was respected.

People’s cultural wishes and choices were respected. Two people liked to smoke cigarettes. They were supported to do this safely by staff who kept the lighter in a safe place until it was needed. There was a safe place for people to smoke in the garden.

Support plans included a section entitled ‘What people like and admire about me.’ These included information such as ‘I like to be independent’ and ‘I have a daring side to my nature.’ This showed that staff respected people and reflected positively on their skills and abilities, making people feel confident and important. There were photographs of positive images in people’s support plans, which were up to date and showed people partaking in activities.

People were involved in developing their support guidelines. Each support plan included a section detailing how the person had contributed to the plan, for example, by using Makaton.
Makaton signs and symbols to help people communicate. Relatives told us they had attended review meetings. One person discussed their support plan with us and described how they had been involved. They described aspects of their plan to us, such as liking talking to staff and going

Good

Is the service caring?

out and about to places like the library and the gym. They talked about how they cleaned their room and understood how important it was to keep their room clean and tidy.

People were supported to be as independent as possible. Everyone was supported to contribute to household activities such as food shopping, food preparation, making cups of tea and vacuuming. The registered manager described how some people were able to independently prepare cereal for breakfast and others were able to pick from a selection of cereals and then staff supported them to add the milk. For one person food preparation was important to them. Records showed that they had developed their independence and were able to butter bread and make a drink. This was an important step forward for the person.

Good

Is the service responsive?

Our findings

Relatives told us they had been involved in the support plans, were kept regularly updated and were involved in regular reviews. We found that the provider had worked with people to ensure that support plans were tailored to people's individual preferences.

Support plans included a range of documents which included person centred planning tools, support plans and risk assessments. Each support plan file contained personal details, a relationship map, a one page profile, an 'important to me' and 'important for me' page, a typical day, communication plan, decision making profile and decision making agreements, reviews and updated records, person centred review and outcomes plan. The support plans correlated with health actions plans and observations.

We observed staff supporting two people to make lunch. They were supported to look at the menu and then get the required ingredients from the fridge. They prepared appropriately by washing their hands and putting on aprons. We heard staff speaking in short simple sentences as described in the support plans. This showed that staff were following support plans both in terms of communication and complying with known wishes to be independent.

People's social interests were supported. One person loved music and told us they liked being a disc jockey. They had disc jockey equipment in their room. They also regularly attended a local disco. Another person liked going to church and had joined a 'gateway club' through the church. A 'gateway club' is a social and leisure club. Relatives told us that the person had had lots of fun partaking in various trips and outings through the club.

One person told us how they liked staff, especially their keyworker. They discussed their support plan with us and agreed that plan was in line with their preferences. They liked talking to staff, doing personal shopping and travelling on public transport. It was important to them to use public transport. The person was largely independent but was entitled to one to one time once a week and they told us they received this on a Friday. The person's communication plan said they used Makaton. Makaton uses signs and symbols to help people communicate. The person agreed they used Makaton but also spoke well. They showed us their favourite Makaton sign. They also had a positive behaviour support plan in place which covered aspects of difficult behaviour, giving staff specific guidelines to address the known behaviour. Staff were supporting this person in a person centred way.

People were supported to choose and partake in activities of their choice. These were included in support plans. All the activities were fully risk assessed to ensure the person had the maximum enjoyment with the minimum of risk. Activities included trampolining, swimming, going to the library, cookery, arts and crafts and bowling. The registered manager told us that positive risk taking was an important part of supporting people to be successful. An example of this was the use of public transport which everyone enjoyed using.

Feedback from people was encouraged and responded to. People had monthly meetings with their keyworker where they could discuss what they had enjoyed that month and what they had not enjoyed. The provider therefore had regular feedback to ensure they were always able to meet people's needs and preferences. Each person had a notice board in their room which explained, in an accessible format, how to make a complaint. One person told us they had read this and understood what to do. The provider maintained regular contact with relatives, keeping them updated and informed but also giving an opportunity for feedback.

The registered manager explained that he regularly visited some relatives as they were unable to travel to the home. House meetings were held bi-monthly and all staff and people using the service were invited to attend. This was

Good

Is the service responsive?

an opportunity for people and staff to discuss any concerns openly. The last meeting was held on 10 June 2015 and minutes showed that everyone had contributed. Staff told us they could speak with the registered manager “at any time” to discuss concerns and also had regular opportunities to discuss any private matters during supervision meetings which were held every two months. Relatives told us they knew how to complain and were in regular contact with the service, giving opportunity to discuss any concerns or issues they may have.

Good

Is the service well-led?

Our findings

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager. The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in his role. One member of staff said "Everyone works really well as a team." Staff felt positive about the service and this was reflected in the delivery of people's care and support.

Staff told us they were aware of their roles and responsibilities. There were regular staff meetings. The minutes of the last meeting showed, for example, that staff discussed infection control and how to ensure people were protected from infection. The registered manager attended managers meetings with managers of other homes in the area under the same provider. At the last meeting managers had discussed skills and knowledge sharing. This meant the provider had taken action to ensure knowledge and skills were disseminated across other homes contributing to a better service for people.

The provider's mission is to create an environment that promotes independence and positive outcomes. Care plans and feedback from staff and relatives showed that independence was encouraged in the home and positive outcomes for people were demonstrated throughout the inspection. The provider's mission was reflected within the care and support we observed in the home.

An annual service review involved sending feedback questionnaires to families and people. People were asked questions such as 'do you like your home?', 'are you offered choices?' and 'are you involved in your review?' Positive feedback was received from all parties and in response the registered manager prepared a quality development plan which included promoting some new activities for people. The home had recently been redecorated and people had been involved in choosing paint colours and new cabinets for the kitchen. People were also involved in decision making about staff recruitment. Once a potential staff member reached the appropriate standard for recruitment, they visited the home so that people could give feedback.

Staff received feedback from people on a daily basis through chatting, observation and interaction. Staff responded to people's changing needs and wishes as they became apparent to ensure that people were at the heart of decision making. Staff used communication plans and personal experience to ensure they were constantly aware of how people were feeling and were responding to this.

The registered manager demonstrated good leadership. He was aware of key challenges to the service. The home currently had a vacancy and it was important to ensure that a person with similar skills and qualities came to live in the home. The registered manager was aware of the importance of this so as not to unbalance the atmosphere in the home and ensure that people currently using the service were disrupted as little as possible.

The registered manager was aware of his responsibilities and ensured that Care Quality Commission (CQC) requirements were met in terms of submitting notifications.

Incidents and accidents were recorded and responded to appropriately. Records showed that incidents were followed up and investigated where necessary. Actions which needed to be taken as a result were cascaded to staff in team meetings and, where necessary, support plans and other records were updated. This meant the registered manager was monitoring incidents and accidents and taking action in order to drive improvement. There was also an online system maintained by the provider which meant that incidents could be analysed for trends and actions taken to avoid recurrence and harm to people.

The provider had an effective system of quality monitoring. A record of daily checks was maintained. These included checking the fire

Good

Is the service well-led?

alarm panel, checking escape routes in the event of a fire and checking fridge and freezer temperatures. Daily health and safety checks were carried out by staff. These included checking there were no odours in the home and checking for slip and trip hazards.

Other checks which were recorded included carbon monoxide checks, water temperature checks, checking there was adequate ventilation, checking carpets were in good condition and that COSHH was stored safely. Quarterly audits were carried out by the operations manager who reviewed the home in terms of the five domains used by the Care Quality Commission (CQC) to inspect. Where failures were noted, these were discussed with the registered manager and actions taken. An internal audit and compliance audit was carried out by the provider annually. This was a detailed review which generated a comprehensive action plan. All identified actions had been completed in a timely way. Quality control systems were effective in maintaining the quality of the home and the quality of service people received.

Staff said they had been involved in the development of the home. One member of staff said “We get asked in meetings if there is anything we would like to change.” Staff were aware of the standards and values which were expected of them. Key information about job descriptions and expected standards was kept in folders and staff had signed to confirm they had read and understood them. A recent teambuilding event had been held which staff said they enjoyed very much and contributed to the high level of morale in the home.