

# Voyage 1 Limited Glen Eldon

## Inspection report

Bighton Road, Medstead, Alton, Hants GU34 5NA  
Tel: 01420 563864  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit: 9 December 2014  
Date of publication: 24/03/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 9 December 2014 and was unannounced.

This was the first inspection of the home since it was registered by the provider Voyage 1 in July 2014.

The service provides personal care for up to nine young adults with learning disabilities or autistic spectrum disorder. When we visited there were five people living at the home some of whom had severe learning, communication, emotional and behavioural difficulties.

The home is located in a rural area five miles from the town of Alton. There is no public transport nearby. The

home has a large living room, a dining room, a kitchen and an activities room attached to the garage. People's private bedrooms are on both the ground and first floors. There is no passenger lift.

The provider had appointed a new manager to the service in September 2014. This person was not registered with the Care Quality Commission but was intending to submit their application to become the registered manager of the service. Like registered providers, registered managers 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.

# Summary of findings

Improvements were required to ensure that people were always safe and care was effective and responsive. There had been frequent management changes at this home and effective governance arrangements were not yet fully implemented and embedded. Auditing systems were not used consistently to improve the quality of the service, and records were not always accurate and complete. There was no registered manager at the service and work was required to develop a positive culture in the home.

Some risk assessments and safety procedures were not in place, which could put people and staff at risk. There was some inconsistency in the way people's health needs were looked after. Medical advice and treatment was sought promptly when people were ill, however planning for regular health checks and reviews was inconsistent. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Mental capacity assessments had been completed and best interest decisions made when appropriate, involving health and social professionals. The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS),

which is part of the MCA and relates to promoting people's rights to freedom of movement. The manager was progressing with applications for DoLS in line with legal procedures.

Relatives said the home was improving and had confidence in the new management. They said people were happy and safe living at the home, and staff were kind and compassionate, treating people with respect and dignity.

There was some inconsistency in staff knowledge in how best to support people and how to communicate effectively. This had been identified by the management and was being addressed through team meetings and supervisions.

Staff recruitment processes were robust and there were sufficient staff, with the right skills to care for people. Most staff understood how to care for people in the way they preferred and recognised triggers for behaviours that challenged themselves and others. People were supported to attend a full programme of activities outside the home, based on their individual preferences.

# 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?

The service was not consistently providing safe care.

There were omissions in the preparations for emergency procedures, which could put people at risk.

There were sufficient staff and they were recruited safely. The home operated safe systems to protect people from avoidable harm and abuse, and staff were trained to recognise and report signs of potential abuse.

Risks associated with people's care were identified and managed to help keep them safe.

Medicines were managed safely with clear guidance for staff in how to administer them.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Some people's individual health needs had not been reviewed regularly and they had not been supported to attend appointments, whereas other people were receiving good support with their health.

Decisions about people's care were made in their best interest and in liaison with professionals, in line with the Mental Capacity Act 2005.

The provider had started procedures to seek legal authorisation to restrict people's movement from the home, in accordance with the Mental Capacity Act's Deprivation of Liberty Safeguards.

Staff understood people's care needs and followed guidance from specialists in developing their care plans.

People were asked their views about their care and gave their consent before for care was provided. The staff team were trained and supported to provide the care people needed.

**Requires Improvement**



### Is the service caring?

The service was caring.

People received care and support from kind and friendly staff. People's rooms were personalised with their belongings and people showed they were at ease with the staff and in the home.

Staff respected people's privacy and dignity and encouraged people to develop skills. They understood people's verbal and non-verbal communication to provide care in the way people liked.

**Good**



# Summary of findings

## Is the service responsive?

The service was not always responsive.

There was inconsistency in the quality of care plans. Some had not been reviewed and updated whereas others had been reviewed and included detail about people's specific interests, life history and goals. The new manager was partway through reviewing everyone's plans.

Activities were based on people's preferences and people enjoyed a full schedule of activities.

There had been no complaints logged since the home had registered under the new provider in July 2014. The complaints process was displayed on the wall. Relatives told us they were listened to and if they had any requests or concerns they were taken seriously and addressed promptly.

**Requires Improvement**



## Is the service well-led?

Further improvements were needed before we could judge the home to be well led.

The service had a history of frequent changes in management. There was no registered manager and the new manager was still implementing and embedding effective management systems. Records were not consistently accurate and complete and some needed a full review.

Relatives were not kept informed of longer term plans for the service, however they felt the new manager advised them of day to day issues promptly. Health and social care professionals reported the new manager was proactive and carried out their role effectively.

**Requires Improvement**



# 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 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 took place on 9 December 2014 and was unannounced.

The provider had not been asked to complete a Provider Information Return (PIR) before the inspection. 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. However we referred to other information we held about the home to plan the inspection, for example any events the provider had notified us of or any concerns raised about the service.

The inspection team consisted of two inspectors. We used a number of different methods to help us understand the experiences of people living in the service. People were not able to tell us about their experiences of care, so we spent time observing interactions between people and staff in the lounge, kitchen and dining room. We spoke with six members of staff, the manager and the operations manager. After the inspection we also telephoned five people's friends or relatives, two care managers from adult services and a healthcare professional, to ask them about their experiences of care. We also reviewed four people's care records, four staff-files and other records relating to the management of the home.

# Is the service safe?

## Our findings

Relatives told us that staff were good at keeping people safe, and they managed risks effectively. This included providing good support when people were at risk of harm from the way they behaved or due to their illnesses.

Arrangements to protect people if there was an emergency were not robust. The personal evacuation plans for people were out of date, and omitted some important information. For example they did not consistently describe how to keep people safe or their specific needs and preferences. Not all staff knew where these were kept. The emergency grab bag, kept in the hallway in case people needed to leave the premises urgently also omitted important documentation. There were no written details relating to the people living at the service, emergency contacts, or floor plan of the premises. In addition, some people's hospital passports were not correct and omitted important information that hospital staff would need should someone require an emergency admission. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety. In addition, the home had a disaster plan for emergency procedures like fire, flood or utility failure.

Management plans were in place for identified risks, such as those relating to accessing places outside the home, socialising, eating and specific illnesses. These were understood by staff and they could describe how to care for people safely. For example, one staff member described how they assisted one person to have bath safely, and this matched what was written in their care plan. The level of detail varied in people's risk assessments as some people's care plans had been reviewed and others had not. For example, in one person's care documentation we did not see risk assessments relating to the use of vehicles and how they should be supported safely when going out in the car.

If people experienced incidents or accidents these were recorded, showing the circumstances and background. Actions were then taken to minimise the risk of further incidents which could cause harm.

When people behaved in a way that could put themselves or others at risk, this was generally managed safely through

verbal and non-verbal communication and prompts. For one person, the behavioural psychologist had helped develop appropriate techniques to reduce the risk of them harming others in the home. The behavioural psychologist had also initiated a review of behavioural triggers for another person using the service, to assist staff in providing the most appropriate care.

Staff told us there were enough staff to meet people's needs safely and in line with their care plans. The provider had recruited additional staff which enabled the team to support people's individual needs and there was less reliance on agency staff. Staff said there were enough staff who could drive, which helped to ensure they were able to take people to their activities and events outside the home. The provider had also recruited regular bank staff, who knew people's individual support needs. There was a more stable staff team under the new provider which meant that people were supported by a more consistent range of staff.

The procedures for recruiting staff were robust, to minimise the risks of staff posing a risk to people. Applicants were checked to ensure they had the right skills for the job and were of good character. This included a criminal records check, interviewing people and taking up references from previous employers. Staff confirmed they did not start work until the results of the criminal records check had been received. This was also demonstrated from a review of the staff records.

Staff could describe signs of abuse and understood their responsibility to raise concerns if they suspected or witnessed abuse. Staff had completed training in safeguarding people and were confident that any concerns would be investigated to ensure people were protected. A flow chart was on display for staff to refer to should they have concerns about abuse. In addition, procedures for staff to raise concerns about poor practice were displayed for staff to view, called 'Speak Out' procedures. The manager was familiar with safeguarding procedures and had worked with the local authority's safeguarding team to investigate an allegation of abuse, which had been concluded. The manager took allegations seriously to ensure people were protected from abuse.

People's medicines were managed safely. Medicines were stored in a locked cupboard or fridge, as necessary and were maintained within a safe temperature range. Only staff trained and assessed as competent administered people's medicines. There was a regular cycle for ordering,

## Is the service safe?

receiving and returning unused medicines and people were given their medicines in line with their prescriptions. The medicines management policy was up to date and when people went out for the day or longer, there was a system for ensuring they had any medicines they needed. Guidelines were in place describing how people liked to

take their medicines. For those medicines needed only 'as required' such as painkillers, there was guidance in place to show how often they could be taken. There was also clear information for staff in how to administer epilepsy medication and when to seek emergency assistance.

# Is the service effective?

## Our findings

Relatives told us that staff were skilled, and one relative was pleased that “Staff pick up on small things” and knew what to do to support people effectively. Relatives said they had been involved in assessments of people’s mental capacity and said staff sought consent when assisting with people’s care. One relative commented the food was good.

People’s health needs were not supported consistently. For example, one person’s annual health check had not been completed and the provider had not developed their health action plan. They had attended a dental appointment in April 2014 but had refused care and treatment. Further steps had not been taken to help them access dental care. However there was evidence that other people’s health care was looked after more effectively, with regular reviews and treatment from, for example, the chiropodist, optician, dentist and physiotherapist. One health professional told us the management of the home had been “very proactive” in ensuring people received the treatment they needed and making sure appointments were met. The manager explained the inconsistency was because they were still working through each person’s care reviews.

The provider was working towards completing Deprivation of Liberty Safeguards (DoLS) applications. These safeguards, which are part of the Mental Capacity Act 2005 (MCA), protect people’s rights and helped to ensure that they are cared for in the least restrictive way. People could not leave the home unsupervised and the provider had not sought legal authorisation from the local authority for this restriction to their liberty. However the manager had identified that applications for DoLS were required and had started to progress the paperwork.

Staff understanding of how best to provide support when people exhibited behaviour that might challenge others was inconsistent. Staff interactions with people using the service were generally positive and encouraging. However during our inspection a staff member spoke to one person and repeatedly asked them for a response, which was not appropriate. This observation was raised with the manager, who investigated and asked another staff member to assist in a way that was known to de-escalate the situation. The manager said they had identified that staff took different approaches to care and this was being addressed through staff supervisions, team meetings and training.

The provider had carried out mental capacity assessments for people whose capacity to make specific decisions about their care was in doubt. People living at the home had complex health and social care needs. Mental capacity assessments had been carried out showing people lacked capacity to make decisions about their finances, health and medication. Best interest decisions had been made to support people appropriately with these aspects of their care. In addition, one person’s care plan showed a best interest decision had been made, with the involvement of the dentist and family members, to have dental treatment with sedation.

Staff sought people’s consent before they provided care. Staff described how they asked people what care they wanted. If people refused assistance, for example with their personal care, their views were listened to and respected. People’s care files included information about how to support people to make decisions and staff described different strategies they used to encourage people with personal care or to accept assistance.

The GP visited the home and saw patients when they needed medical care and treatment. Relatives were informed when there was a change in people’s health or medication.

The provider took advice from health and social care professionals to improve people’s care. The provider had recently sought advice from a behavioural support professional, who suggested strategies to minimise people’s frustrations. A social care professional commented that the manager had completed monitoring reports as requested, to assist in the care review process. There had been some slippage in arranging health and social care assessments however, but we were told that referrals for speech and language therapy and occupational therapy were in progress.

Staff received support from their manager as part of their professional development. A programme of staff supervisions had been developed although additional supervisions were arranged when requested or required. The staff group were trained to meet people’s care needs staff were either up to date with their essential training, or booked to attend courses. New staff undertook a programme of induction training, based on the Common Induction Standards. These are nationally recognised standards devised and monitored by Skills for Care. A new staff member outlined the induction training they had



## Is the service effective?

received since starting employment at the home, which included gaining familiarity with people's individual needs and preferences. Not all staff were up to date with the training identified by the manager as beneficial for their role. This had been identified and training, for example in Makaton communication skills was planned.

People's individual nutritional needs and preferences were known by staff and they were supported to have adequate

amounts of suitable foods. Nutritional plans were in place and staff were successfully encouraging one person to have a healthier, more balanced diet. There was guidance on how people liked their meals and drinks, with associated risk assessments, to help staff when providing care. Staff monitored people's food and fluid intake each day and people were able to have meals at different times depending on their preferences.

# Is the service caring?

## Our findings

Relatives of people living at the home said staff were caring. One relative said “I have seen some lovely [interactions] recently. My [relative] is responding more and communicates better now.” Another person said “Staff know [my relative] well. There are some wonderful carers. One carer communicates particularly well with [my relative]”. We were also told that staff showed people respect, for example in the way they spoke with people, and when providing care. Relatives also commented on how staff ensured people’s dignity was protected by assisting with personal care in private. They said they were closely involved in people’s care and discussed people’s care needs with staff and managers.

Staff were kind and considerate. People engaged in activities they enjoyed both at home and in the community and staff understood how people liked to be supported. Staff provided practical support in a friendly way, and encouraged people to develop skills within the home. For example, people were supported to decide their menus and to make their own meals or drinks if possible. Staff recognised people had different skills and supported them

appropriately and at a pace suited to their needs. A visiting social care professional said people appeared happy and content at the home, and they had observed people had a good relationship with staff.

People had different ways of communicating and staff were able to interpret their verbal and non-verbal communication accurately and in line with information documented in their care plans. For example, when people used certain words or gestures, staff understood what these meant in the context in which they were used. Some people liked pictorial prompts and these were on display in their bedroom and in the kitchen. Staff knew the importance of kindness and showing respect for people’s individual views and choices.

Relatives were included appropriately in decisions about people’s care and were actively involved in care planning. Family relationships were supported and people had regular contact with family members. Staff assisted with this by taking people to meet with friends and family. People’s preferences for different activities were respected. For example some people preferred a busy programme of activities with plenty of physical activity and others preferred more solitary pursuits. The manager explained how they had changed people’s programme to suit their preferences.

# Is the service responsive?

## Our findings

Relatives of people living at the home said their concerns were 'addressed straightaway' and they were 'kept informed of changes' in people's welfare and health. One relative said they wouldn't hesitate to complain if they felt a need and relatives consistently commented that people were given choices. One person preferred personal care from staff of the same gender, and relatives, staff and their care manager confirmed this preference was respected wherever possible. When it was not possible, the family were advised and two staff were required to provide care, for added reassurance.

Everyone we spoke with said communication about specific events or issues relating to people living at the service had improved under the new manager.

There was inconsistency in the quality of care plans, including information about people's specific needs and how best to provide care. Some people's care plans included detailed information about their life history and character, outlining what motivated and pleased them. Other people's care documentation still required additional information about what was important to them. The new manager confirmed that further work was planned to improve the quality and personalisation of everyone's care plan. Support guidelines had not been reviewed consistently and for some people the information on record was inaccurate. For example, there were no developmental goals for some people and health plans had not been maintained consistently. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Where support plans had been reviewed and updated, they included clear information to help staff provide care. For

example, they described the impact of people's medical conditions on their behaviour and welfare and included detailed information about people's skills and needs when in the wider community.

People had their own rooms and these were personalised, with items they liked and in colours of their choosing.

People were encouraged to develop interests and independence and staff supported people to make choices about everyday living. A recent staff meeting had focused on the importance of offering people options and recording their choices. This was evident in the daily records, which generally showed that people were encouraged to make choices for themselves where possible.

Activities were based on people's known preferences. People had a full schedule of activities and these had been reviewed to ensure there were personalised to people's specific interests. The care manager for one person said their activities schedule was 'suitable and relevant'. The manager had employed more staff to enable them to respond flexibly to people's individual choices. Key activities included swimming, horse riding and visits to a community club. People also liked walks in the local countryside and trips to the beach or country parks. Sometimes however people were late to their activities because of the time taken to organise the outing.

There had been no complaints logged since the home had registered under the new provider in July 2014. The complaints process was displayed on the wall where visitors and people using the service could see it, but we were not able to ask people if they would know how to make a complaint. Relatives said they had no complaints currently, but they would raise concerns or complaints if they had any and said they thought they would be listened to.

# Is the service well-led?

## Our findings

Relatives told us there had been a lot of changes of management at the home. They were aware that Voyage 1 had taken over the home in 2014 and they were all confident that the newly appointed manager was making improvements at the home. One relative described the home to be in a 'comfortable' position, and another said they were reassured that the manager was experienced and making necessary changes. They commented that the quality of care had improved but still had some way to go. All said communication about specific events or issues relating to people living at the home had improved. Some relatives commented that the home had suffered from a lack of continuity in management and a lack of overall direction. They said the provider, Voyage 1, had asked for their views when they first took over the home, but the provider had not maintained this dialogue. Relatives said they had not been as involved in decision making about the home that had been promised.

The manager and operations manager said they were developing the governance arrangements of the home, but agreed these were not fully implemented and embedded. Monitoring systems were being set up to improve health and safety at the home, but the tests were not always carried out effectively. For example, action had not been taken when water temperatures were measured and recorded outside the acceptable range. Similarly, actions identified in an audit of water safety, undertaken in October 2014, had not been completed. This meant there was a risk that necessary improvements, identified by audit and routine tests, were not managed to improve the quality of the service for people. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider carried out audits of the service every three to four months, which highlighted any areas for development. There had been significant improvement in the overall

audit score between July and October 2014, and issues raised, such as medicines management, had been addressed. A survey of the views of relatives and staff was planned for January 2015

Records were not managed effectively to ensure they were accurate, up to date and relevant. Records relating to people's care had not been audited to identify where there were omissions or inaccuracies. Some records were incorrectly filed in the wrong person's file and old records had not been removed from some files to minimise the risk of staff referring to old information or guidance. The service user guide was also out of date and did not reflect the current management and ownership of the home. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Visiting care managers and a health professional said they considered the home was well run and people were well looked after. They also said the new manager was proactive in making sure people received the support they needed.

The management was focusing on developing the staff team to improve the consistency of care and to develop a strong, unifying culture. There was evidence that people were comfortable and happy in the company of staff and management at the home, but further work was required to build effective team working. Staff meetings were held and staff were encouraged to provide feedback and contribute to discussion and learning at the meetings.

The new manager had given members of the care team specific responsibilities to improve the organisation of the service. These included allocating leadership roles in, for example, medicines management, health and safety and vehicle checks. Recruitment was in progress to appoint additional staff. Staff told us they received support from the new manager and valued their advice and experience. They commented that there was improved organisation within the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p><b>How the regulation was not being met:</b> The registered person must take proper steps to ensure each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of carrying out an assessment of the needs of the service user and planning and delivering care to meet their individual needs, ensure their welfare and safety and reflect published guidance for good practice.</p> <p>The registered person must have procedures in place for dealing with emergencies which are reasonably expected to arise from time to time and which would, if they arose, affect, or be likely to affect, the provision of services, in order to mitigate the risks arising from such emergencies to service users.</p> <p>Regulation 9 (1) (a)(b) (2)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p><b>How the regulation was not being met:</b> The registered person must protect service users and others against the risk of unsafe or inappropriate care by means of the effective operations of systems to regularly assess and monitor the quality of services, and identify, assess and manage risks relating to the health, welfare and safety of service users.</p> <p>Regulation 10 (1)(a)(b)</p>

Regulated activity	Regulation
--------------------	------------

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

How the regulation was not being met: The registered person must ensure that services users are protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by maintaining accurate records relating to their care.

Regulation 20 (1)(a)