

Voyage 1 Limited

Voyage 1 Limited - 46 London Road

Inspection report

46 London 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 

Overall summary

We carried out an unannounced inspection of London Road on 11 and 12 November 2014. London Road is a purpose built care home for 10 people with an acquired brain injury. People are accommodated in self-contained flats with additional shared living areas. 10 people were living at the home when we visited. The 10 people living at the home had a range of support needs including help with communication, personal care, moving about and

support if they became confused or anxious. Staff support was provided at the home at all times and people required the support of one or more staff when away from the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were supported by a caring staff team who knew them well and treated them as individuals. For example, staff understood the ways each person communicated their needs and preferences. People were supported to stay active at home and in the community. Particular consideration was given to finding activities that would help rehabilitate people following the brain injuries they had sustained.

People were encouraged to make choices and to do things for themselves as far as possible. In order to achieve this, a balance was struck between keeping people safe and supporting them to take risks and develop their independence. People's legal rights to

make decisions were respected and the least restrictive options were sought when a decision was made on behalf of a person lacking mental capacity to make that decision.

Staff felt well supported and had the training they needed to provide personalised support to each person. Staff met with their line manager to discuss their development needs and action was taken when concerns were raised. Staff understood what they needed to do if they had concerns about the way a person was being treated. Staff were prepared to challenge and address poor care to keep people safe and happy.

Learning took place following any incidents to prevent them happening again. People and their relatives were encouraged to provide feedback which was used to enhance the service.

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 safe. The risks people faced had been assessed and a balance was achieved between keeping people safe and supporting them to become more independent. People were protected from preventable harm as learning and action took place following any incidents and staff had a good understanding of safeguarding requirements.

Sufficient staff with the relevant skills, experience and character were available to keep people safe and meet their needs. The premises were well maintained and clean. People safely received the medicines they needed.

Good



Is the service effective?

The service was effective. People's ability to make decisions was assessed and if a decision was made in their best interests, appropriate people were consulted. People's immediate health needs were responded to in order to keep them well. People were supported to eat a healthy diet by staff.

The training staff needed to support people had been assessed and provided as needed. Staff met with their line manager to receive feedback on their practice and discuss development needs.

Good



Is the service caring?

The service was caring. People were treated with kindness and respect by staff who understood the importance of dignity and confidentiality. People and their relatives spoke positively about the care provided.

People were supported to communicate by staff who knew them well. They were encouraged to make choices and to be as independent as possible.

Good



Is the service responsive?

The service was responsive. Staff knew people well and people's support plans reflected their likes, dislikes and preferences. Each person was treated as an individual. People were supported to take part in a variety of activities in the home and the community.

People and their relatives were involved in planning their support. Staff responded to people's changing needs. Relatives said they would be able to complain if they needed to.

Good



Is the service well-led?

The service was well-led. The quality of the service was regularly audited by staff from the home and the provider. People using the service and family members were asked for feedback and comments had been positive. Action was taken to address any shortfalls identified.

The registered manager was well supported by the provider to manage the service effectively. The provider had clear expectations about the way staff should support people and staff understood and acted in accordance with these expectations. Staff understood their responsibilities and felt able to share concerns with the registered manager.

Good



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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.

The inspection was unannounced and took place on 11 and 12 November 2014. It was carried out by one adult social care 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.

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 previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification.

During the visits we spoke with ten people, six relatives and four members of staff. We also spoke with the registered manager and the area manager. We spoke briefly with a visiting occupational therapist and an individual employed to arrange activities for one person.

We reviewed the care plans for four people and looked at the support they were being provided with. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a selection of the policies and procedures relating to the running of the service and staff records.

Following the visits we sought some further information from the registered manager.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the home. One person said, “I feel safe. No cause for concern” and another person said, “Everything’s good, it’s alright”. The provider information return (PIR) explained that people were encouraged to raise concerns with staff. In particular, they met with a named member of staff each month and were always asked if they had any worries. Cards and posters were available around the home that encouraged everyone to report safeguarding concerns.

People were supported by staff who had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff demonstrated an understanding of safeguarding and of the need to record and report any concerns. One member of staff told us, “We have regular safeguarding updates by the company and local authority”. The PIR said safeguarding was discussed at each staff meeting to ensure all staff knew how to respond to concerns.

The risks people faced were being managed by staff. The way these risks should be managed had been recorded using risk assessments which showed how the risk had been assessed and reduced. This involved gathering information from the person, family members and health and social care professionals. The registered manager described how they balanced risks with people’s right to make choices. The assessments had been updated after significant events and were reviewed on a monthly basis. Staff took positive risks to give people opportunities. For example, one person was being supported to work towards accessing a community activity independently.

The accuracy of risk assessments relating to the service and building were checked annually as part of a health and safety audit. Evacuation plans had been produced for each person to make sure they could leave the building as safely as possible in the event of an emergency. These were reviewed every three months. Fire drills involving people using the service had been completed along with alarm and emergency lighting checks.

Incidents were recorded and reviewed and this resulted in changes to people’s risk assessments and support plans. A meeting with staff and the people concerned took place after any significant incident to identify what could have been done better. Staff met with each person monthly to

review their support plans and discussed incidents during the previous month as part of this meeting. The registered manager reviewed all incidents to make sure appropriate action had been taken. The risk of people suffering preventable harm was reduced because learning and action took place following any incidents.

People were helped to stay safe as their equipment, such as wheelchairs and hoists, were serviced and maintained as needed. The PIR explained that an external contractor was used to complete all equipment checks. Maintenance records helped staff to make sure work was undertaken to keep the environment safe and pleasant for the people living there. The PIR stated that the provider planned to introduce weekly checks on the environment and equipment to ensure maintenance issues were addressed in a timely fashion. Two environmental risks were identified during the inspection. The registered manager provided an explanation for both and was able to confirm they had been addressed shortly after the inspection.

There were enough staff on duty to keep people safe and meet their needs. The number of staff needed for each shift was calculated by taking into account the level of care commissioned by the local authority and knowledge of the activities to take place that day. A relative told us, “There are always enough staff around”. When people met staff in the corridors, staff greeted them and checked if they needed any support. We saw staff regularly checking if people were safe and well.

People were cared for by suitable staff because safe recruitment procedures were in place and managed by the provider. The PIR described the recruitment procedures in place which included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to establish whether the applicant has any convictions that may prevent them working with vulnerable people.

People received their medicines when they needed them. They were administered in a safe and competent manner. The relevant records were completed appropriately and we saw no gaps in the administration record. People were supported to take their medicines according to their own personal preferences. The PIR stated medicines were only

Is the service safe?

administered by staff who had been trained and assessed as competent. It also stated weekly medicine audits were carried out by senior staff to ensure company procedures were being followed.

Is the service effective?

Our findings

People were confident in the competency of the staff supporting them. Staff had access to training to ensure they had the skills they needed to support people effectively. The provider information return (PIR) stated that before a person moved into the home any specialist training required for staff was identified so staff were fully trained before the person arrived. A training record was maintained and checked weekly by the registered manager so training could be booked for staff in a timely fashion.

All staff met with their line manager regularly to discuss their performance and training needs and had annual appraisal meetings. They also discussed the needs of the people they worked closely with. Where actions were needed these were followed up at future meetings.

People's rights under the Mental Capacity Act 2005 (MCA) were being respected. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Assessments of people's ability to make decisions were completed and, where necessary, a meeting was held to decide how to act in their best interests. The provider had produced a template to guide staff through the assessment process. Relatives confirmed they had been consulted as part of the decision making processes.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager understood when and how an application to deprive someone of their liberty should be made. Applications to deprive people of their liberty were about to be submitted to the local authority for two people and a third application was being prepared.

Relatives said people's health needs were met. This included making appointments to see healthcare professionals when needed. Staff held a knowledgeable and professional conversation with a visiting healthcare

professional about the support people needed with their health. One relative described an improvement in their relative's health since moving to the service. They remarked, "They are not ill. They are medically well and have shown improvement. They will be able to return home to their family life as they are making progress". One person was noted by staff to be behaving out of character. They sought advice from senior staff and the person was closely monitored until staff were confident they were happy and well. The PIR identified that the information recorded in people's health action plans needed reviewing and the registered manager planned to monitor them more closely to ensure they remained accurate and current.

People liked the food provided for them. One person said, "The food is good". The portions offered were an appropriate size and people had been involved in choosing the meals at weekly house meetings. The PIR explained that alternatives were always available and people could change their mind on the day. People were not expected to eat the same meal as everyone else and one person was having soup and a sandwich whilst another person was having pasta. One person had a food themed calendar in their flat. They were confident staff would make the food featured in the calendar if they asked. The lunchtime meal was a sociable occasion and people were engaged in lively conversations. People had plenty to drink and their drinks were replenished throughout our visit.

Each person needed support from staff to eat their meals and this was provided. One person had difficulty swallowing and as a result received their medicines via a tube directly into their stomach. Staff managed this process with guidance from healthcare professionals.

The layout of the home helped people to move about safely. For example, there were wide corridors which allowed people to safely use their wheelchairs independently. People's flats were individualised and decorated to their personal taste. People told us they were encouraged to bring their personal items with them. There was space for people to meet with their friends and family privately if they wanted to.

Is the service caring?

Our findings

The atmosphere in the home was welcoming and warm. Staff took the time to speak with people in a friendly and approachable manner. People told us staff were kind and compassionate and treated them with respect. People made comments such as, “The staff are caring here”, “Enjoyed living here” and “The staff are amazing”. Relatives also spoke positively about the care and support provided, with one relative saying, “They’re very, very good here”. A healthcare professional said, “The care people receive is very good and individualised”.

People’s support plans made it clear how they liked to be supported. This included their cultural beliefs, gender and spiritual preferences. The support plans reflected the whole person including their personal goals and aspirations. Staff knew the people they were supporting well and spoke knowledgeably about their needs and preferences. For example, they knew how people liked to be addressed and whether they had a preference about the gender of staff supporting them.

Staff were attentive to people’s needs. For example, one person showed signs of being uncomfortable and staff quickly helped them to change position. Similarly, one person needed support during lunchtime and staff responded in a caring and compassionate manner. Staff

helped people to communicate their views. For some people, this included using a specialised communication aid. This helped them to express their needs in an independent manner.

Staff were aware of the need to protect people’s dignity, particularly whilst helping them with personal care. All new staff were given guidance during their induction period about how to maintain each person’s dignity. Staff also completed training around supporting people in a dignified manner and providing dignified care was discussed at supervision meetings and following observations of practice. The registered manager provided regular feedback to staff when she saw opportunities to improve the support given.

Staff ensured people had privacy when they wanted it and were careful to hold confidential conversations away from other people. Staff had received training on confidentiality and had read the company confidentiality policy. Care records were stored securely to make sure people’s personal information was kept confidential. Staff always spoke about people and to people in a respectful way.

Relatives said staff kept them informed of any changes in their family member’s wellbeing. One relative said, “We do get useful phone calls, we’ve always told them to call [if they have any concerns]”. People using the service and staff knew how to arrange an advocate for anyone who wanted one if they had no friends or family to be involved in decision making.

Is the service responsive?

Our findings

People and relatives were helped to decide if London Road was the right place for them before moving in. One relative told us, “We looked around and visited a few places and this one is the best, especially what they had to offer”.

People’s needs were assessed using information from the person, their family and health and social care professionals before they were offered a place in order to make sure they could be supported effectively.

People confirmed they were treated as individuals and their support met their specific needs. One relative said, “My relative is doing so well”. Another relative said, “The staff have done so much work with [name] who is doing so much better”.

Each person using the service had a support plan which was personal to them. The plans were detailed and individualised and described each person’s diverse needs. Support plans included information on their changing needs and were regularly updated by staff. Each person’s needs were reviewed with them at monthly meetings. This helped to make sure they were receiving the right support to meet their needs. People usually took part in an annual review and this was recorded in their care plans. The review described people’s development and progress.

People were supported by staff who could explain their needs and preferences. New staff spent time getting to know people whilst being supported by an experienced member of staff. They were also given an opportunity to read each person’s support plan. The provider information return (PIR) explained that all staff were shown each person’s individual routines to make sure all staff cared for people in a consistent way. Staff gave each person attention and made sure no one was ignored or excluded.

People’s needs changed frequently and rapidly. Staff monitored this and shared information with each other as needed. They also sought guidance from senior staff when needed. Senior staff monitored the care provided by other staff to make sure it was appropriate.

People and staff communicated with each other frequently during our visit. Staff asked people how they were feeling and checked on their welfare. One person responded to staff using a communication aid provided for them. Staff knew the best ways of asking people questions to encourage them to respond. Regular communication was one of the ways staff used to help people recover skills they had lost following their brain injury.

One relative told us they were fully involved in planning their family member’s care. This included identifying their likes and dislikes. They were consulted prior to any changes being made to their relative’s support plan and had frequent opportunities to review the support plan themselves. Staff supported people to maintain relationships with their friends and families. For example, arranging events and encouraging people to visit. One relative told us, “Family members are encouraged to visit to create the atmosphere of home”. One person told us, “They’re a good bunch. Take a lot of care when the family come to visit”.

Staff encouraged people to maintain their interests, such as listening to rock music. They also helped people to follow their interests away from the home. Weekly meetings gave people the opportunity to make decisions about the activities they wanted to do in the coming week. The PIR said staff encouraged activities in the community and supported people to plan and organise events. These meetings were not currently documented and the registered manager reported in the PIR that this was being addressed. This would help to make sure information was not lost. One relative raised concerns about their family member not getting enough stimulation. Their support plan showed they did take part in a range of activities.

The service had a complaints procedure and staff were regularly reminded of this procedure. No formal complaints had been received in the last 12 months. Some relatives told us it had taken some time for suggestions of improvements to the living environment to be actioned. The registered manager explained they had worked hard to get the landlord to address the issues.

Is the service well-led?

Our findings

People living at the home and their relatives spoke positively about the management of the service and the care provided. One person said, “The manager is good” and relatives described having faith in the staff managing the home. There was frequent communication between the registered manager and people’s relatives to share relevant information about their health and welfare. For example, planning home visits in preparation for leaving the service.

Staff were committed to listening to people’s views and the views of the people important to them in order to improve the service. People and relatives were asked for feedback on the care provided on an annual basis. The provider information return (PIR) explained that this feedback was used to identify areas for improvement. Feedback was given on the actions that would be taken as a result. Monthly feedback forms were also completed with each person to find out how happy they were with the support being provided. The PIR stated that an action plan template was being developed to ensure actions from the monthly feedback were completed.

The provider’s expectations of how people should be treated by their staff were laid out in the company’s values. These included delivering personal outcomes for individuals and having an energetic staff team that were prepared to challenge each other. The registered manager and staff enjoyed their work and spoke enthusiastically about the service they offered. For example, the registered manager said, “Seeing these people achieve a discharge home is a great result”.

Staff were positive about the support they received to do their jobs and said they understood their roles and responsibilities. This included having regular opportunities

to meet with their line manager and ongoing assessment of their competency. A supervision structure was in place and dates were scheduled for regular meetings. Staff also had annual appraisals where objectives and goals were set to help them develop further. The PIR identified that some appraisals were overdue and that a forward plan was needed to make sure they took place at the right time in the future. One relative told us, “This staff team has a great understanding of head injury”.

The PIR stated that from the time staff started working for the company they were encouraged to communicate openly to create a positive culture within the service. The registered manager said she had an open door policy and encouraged staff to share concerns or ask for help. She had a message book to allow staff to leave messages when she was not at the service. Staff felt confident to raise concerns with the registered manager and that they would be acted on. The registered manager had supervision meetings with her line manager and also attended meetings with other registered managers every six weeks in order to share best practice.

The registered manager described the quality monitoring systems in place to make sure people were receiving the best possible service. This included quarterly audits by senior staff and further audits by staff from the provider. A recent audit identified that some new furniture was needed and this was addressed. Another audit identified some food hygiene practices needed implementing and this had been completed. Action plans with timescales for completion were produced following each quality audit. Staff from the provider monitored progress against actions plans to make sure problems were being addressed. Each senior member of staff had specific areas of responsibility and actions from the audits were allocated to the appropriate member of staff.