

# Voyage 1 Limited

## Chiltern View

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Chiltern View is a residential care home in north Buckinghamshire. It is registered to support up to eight people living with a learning and physical disabilities. At the time of the inspection eight people with a learning disability and or physical disabilities were living at the home.

### People's experience of using this service:

- People were cared for by staff who had developed kind, caring and compassionate relationships with them.
- People were supported to maintain their nutrition and hydration. However, we found improvements could be made to ensure people were provided with fruit and vegetables at every meal. Records relating to one person's hydration regime was not routinely completed by staff. We have made a recommendation about this in the report.
- People were supported by staff who had been recruited safely and who demonstrated the right skills and attributes.
- People were encouraged to maintain important family and friend relationships.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- People were protected from abuse, as staff were aware of how to recognise potential signs and were confident to report concerns.
- People told us they were happy living at the home, one person told us, "I like it here I do."
- People were treated with dignity and respect. Staff ensured people were protected from discrimination.
- The provider and registered manager ensured they learnt from mistakes and always cascaded learning to all staff.
- People were supported to engage in meaningful activities both within the home and the local community. Where possible people were supported to go out for a meal or to a weekly social club. However, this was limited due to the location of the home and the availability of staff who could drive.
- The provider and registered manager had systems in place to monitor the quality of the service provided and were keen to improve the service provided.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

### Rating at last inspection:

The previous inspection was carried out 13 and 14 February 2018 (Published on 23 March 2018). The service was rated Requires Improvement at the time.

### Why we inspected:

The inspection was part of our scheduled plan of visiting services to check the safety and quality of care. At

this inspection we found improvements had been made to the management of risks posed to people and the cleanliness of the environment.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Requires Improvement ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Chiltern View

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Chiltern View Care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out on the 13 and 15 March 2019.

#### What we did:

- Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are

required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had planned. We have used the information shared in our judgement.

- We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.
- Prior to the inspection we sought feedback from the local authority safeguarding and contract monitoring team.
- When at the care home we spoke with two people who lived there.
- Some people were unable to tell us about their experiences of living at Chiltern View because of communication difficulties. We therefore 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.
- While at the care home we spoke with the registered manager and operational manager.
- We spoke with six care staff.
- We looked at three people's care records and one further person's daily records.
- We observed three people being supported by staff with their prescribed medicines.
- We checked three people's medicine records.
- We checked the storage and safety of medicine management.
- We made general observations of the environment and looked at records relating to management of environmental risk.
- We look at recruitment and training records for three staff.
- We looked at other records relating to the management of the service, which included quality audits, accidents and incidents.
- Following the inspection, we sought feedback from relatives and staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- At the last inspection we found concerns relating to the management of risks posed to people as a result of their medical condition. Staff did not always recognise the risks and had failed to mitigate them. We also previously found environmental risks and hygiene were not managed well. These were found to be breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan to tell us how they intended to improve. At this inspection we found improvements had been made to the management of risks. The environment was clean and well maintained. The provider had an ongoing re-decoration programme in place.
- The risks associated with people's medical conditions were assessed, for instance, we found risk assessments had been completed for Epilepsy, the use of bed rails as examples.
- Risk assessments provided guidance to staff on how to reduce any likelihood of harm to people.
- Where people required equipment to support them move position. Guidance was available to staff on what type of equipment should be used.
- Equipment used to support people to reposition was serviced to ensure it was safe to use.
- Each person had a personal emergency evacuation plan (PEEP) to guide staff on how they should be supported in an emergency.
- We spoke with the provider and registered manager about the actions they were considering regarding the UK's planned departure from the EU on 29 March 2019. Government guidance was previously sent out to all providers advising them of possible action they needed to take in the event of a 'no deal scenario'. The registered manager told us they had issued staff who may be affected with the national guidance.

Systems and processes to safeguard people from the risk of abuse.

- People were protected from abuse.
- Staff had received training on how to recognise abuse and what to do in the event of a concern being raised.
- Staff had access to the local authority safeguarding policy and procedures.
- The registered manager was aware of the need to report all safeguarding concerns to the local authority. We received confirmation from the local authority referrals had been made to them from the service.

Staffing and recruitment.

- People were supported by staff who had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- We observed there were enough staff on duty to support people.

- One member of staff told us, "We have had staff leave and then come back to us...the staff team is a lot more stable now."
- The registered manager told us they had recently had discussions with a funding authority to look at increasing funding for more one to one support for people.

#### Using medicines safely.

- Medicines were managed well within the service.
- People were supported to take their prescribed medicines, by staff who had received training.
- Staff demonstrated patience when supporting people with their medicines. We observed staff stayed with people until they had been reassured the person had taken all the medicine.
- One person took their medicine with yoghurts. This had been authorised by the GP.
- There was a robust system in place to manage medicine stock levels.
- Where people had been prescribed medicines for occasional use (PRN) staff had access to additional guidance as to when and how the medicine should be given. This was called a PRN protocol. A senior member of staff reviewed each protocol each month.
- Staff had access to medicine patient safety leaflets.

#### Preventing and controlling infection.

- Since our last inspection, the home has gone through a deep clean and some re-decoration.
- There was an ongoing re-decoration programme in place. The progress was monitored by the registered manager and provider.
- Staff had received training on how to prevent the risk of infections.
- There was a sufficient amount of personal, protective equipment (PPE) available to staff including gloves and apron. We saw staff using PPE appropriately.
- Staff who supported people prepare their meals had received food safety training. We observed staff making a record of food temperatures prior to serving it to people.

#### Learning lessons when things go wrong.

- The provider and registered manager had systems in place to monitor and learn lessons when care was not delivered as planned.
- The provider ensured learning was cascaded to all staff.
- We noted national safety alerts were communicated to staff in a newsletter.
- Senior management within the provider ensured staff complied with the stated actions required.
- Accidents and incidents were monitored to identify any trends.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Prior to people moving into the care home, a full care needs assessment had been carried out. This ensured people's needs could be met.
- There had been no new admissions to the home since our last inspection.
- The service ensured people had equipment and assistive technology to minimise risks posed to them. For instance, people who had a diagnosis of Epilepsy had sensors attached to their beds to alert staff when they were having a seizure.

Staff support: induction, training, skills and experience.

- People were supported by staff who had received an induction to their role, support and training the provider deemed mandatory.
- Staff were supported to update their skills and complete refresher training when required.
- The registered manager advised, in addition to mandatory training, specialist training was arranged for staff. More recently staff had received intensive interaction training [A way of communicating with people by mimicking sounds, actions and movement] and sensory stories [reading stories using objects of reference which provided stimulation to touch and smell] training. One member of staff showed us how they had introduced sensory stories. On the first day of the inspection they told us which story they were going to be telling the following day and what sensory objects they had arranged for it. On the second day of the inspection we heard staff asking one person about the story. The person told the member of staff "It was three little pigs...I enjoyed it, I did."
- Staff received one to one meetings with a line manager and observations of their practice.
- Each member of staff had an annual review of their performance.

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

- We found some improvements could be made to how people were supported with their dietary and hydration needs.
- One person was solely reliant on staff for all their nutrition and hydration needs. They received all nutrition and hydration through a type of feeding tube called a percutaneous endoscopic gastrostomy (PEG). The person had a clear nutrition and hydration regime. The regime had been set by the external healthcare professionals involved in their care. We observed staff supporting the person and checked the records relating to their regime. We found inconsistent practice by staff and some records relating to hydration were not fully completed. We immediately brought this to the attention of the registered manager. Within a very short period of time all staff on duty had been spoken to and a new recording form had been introduced. We found the registered manager responsive and accountable to make immediate change to ensure the person received consistently good care that met their hydration needs.

- We found further improvements could be made regarding ensuring people had access to a more balanced diet, which included more green vegetables. One relative showed us a photo of one meal their relative had been given. It contained no fruit or vegetables. Although, we observed people being offered fruit on day two of our inspection. We have provided feedback to the provider to ensure meal choices include fruit and vegetables in every meal.
- On day one of our inspection we noted food items were stored at a temperature lower than they should have been. The fridge required replacing. We discussed this with the registered manager who immediately ordered one for delivery the next day. We spoke with staff and they had not noticed the fridge wasn't working probably.
- We recommend the service seeks guidance from a reputable source around ensuring people receive a healthy balanced diet and food is stored in line with national guidance.
- Where people had specific dietary requirements, this was detailed in their care plan and was recorded on the menu.
- Guidance was available for staff on how to prepare food for people who were at high risk of choking.
- We observed one lunchtime meal. We noted staff provided support to people as described in their care plan.

Staff working with other agencies to provide consistent, effective, timely care.

- Records demonstrated staff worked in conjunction with other agencies to ensure people received effective and appropriate care.
- Where advice was given to staff following a consultation with other professionals, this was followed. For example, how to meet people's dietary needs.
- Staff had handover meetings between each shift to ensure important information was shared about people.
- Each person had a hospital passport, health action plan and an emergency grab sheet. All were designed to go with the person in the event they needed to go to hospital.

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

- The care home was in a single-story bungalow.
- Each person had their own bedroom some had wet rooms attached.
- People's rooms were personalised to their taste. We observed people had displayed their artwork in their rooms and around the home.
- We observed people who could independently move around the home did so.
- Since our last inspection, some parts of the home had been re-decorated. We noted ongoing improvements were planned. The planned changes were recorded on the service's action plan.
- The registered manager was introducing a sensory area. We were shown the progress to date.
- The outside space had been made more accessible as a new path had been laid. The registered manager had ideas to make further improvements to the outdoor space.

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to maintain their health and well-being.
- People who required support from the community nursing service received this. For instance, one person was seen by the nurse for a sore on their foot.
- A visiting healthcare professional told us "The staff are so knowledgeable, they always come in with us, they act swiftly if they notice anything." They went on to say "Staff are brilliant, so kind and caring."
- We noted people were referred to external healthcare professional when required. For instance, one person was struggling with swallowing and they had been referred to the speech and language therapist

(SALT).

- We observed staff seeking support from senior staff when they were concerned about people's health. One day of the inspection a senior care worker was asked to 'take a look' at someone's foot.

Ensuring consent to care and treatment in line with law and guidance.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found applications to authorise a person's deprivation of liberty had been made. Some applications had received a decision on whether to authorise the deprivation of a person. DoLS are time limited. The registered manager was aware of the need to make a further application when the DoLS was coming to an end.
- Staff demonstrated they understood the MCA and DoLS.
- Throughout the inspection, we heard staff seeking consent from people.
- We noted mental capacity assessments had been carried out for specific decisions, this was in line with MCA the code of practice. Where a person had been deemed unable to make the decision, the service ensured it make a best interest decision. We saw all third parties' involved in best interest decisions had their views recorded.
- A poster was displayed in the main officer reminding staff of the five main principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Throughout the inspection we observed, kind, considerate and professional interactions between staff and people.
- One person told us "I like living here I do," another person gave us a thumb up sign when we asked them what it was like living at the home.
- Staff understood how people could be discriminated against.
- Staff understood people's communication styles.
- One person went up to staff and held their hand. Staff were aware this was a sign the person was asking for a drink. We observed staff responding appropriately.
- We observed people were clearly happy when staff engaged with them. Upon staff entering the lounge one person was visibly happy, they went from a neutral expression to having a smile on their face.
- We observed one person raising his hand in the air and saying "Hi [Name of staff], nice to see you."

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

- People were involved as much as they could be in decisions. One person was asked by staff if they would like some fruit. They said "Yes, please." The staff then asked them what they would like. The person chose an apple.
- One person's birthday was approaching. They had told staff they wanted to go a meal out with their family. The family had approached the registered manager for a member of staff to escort the person. This had been arranged. When we spoke with the person it was clear they were looking forward to going out.
- Where people were unable to express their views, support was sought from relatives, social and healthcare professionals.
- People who required it had access to advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

Respecting and promoting people's privacy, dignity and independence.

- We observed people were treated with dignity and respect.
- We observed staff were quick to respond to people who were unwell. One person had an epileptic seizure and staff provided kind and compassionate support to them.
- People were encouraged to be as independent as they could be. Two people chose to move themselves around the home by crawling. Staff watched from a distance to ensure they were safe. We observed one person frequently walked to their room to have a lie down on their bed.
- We routinely saw staff knocking on people's room doors prior to entering. One member of staff told us "We

always respect their dignity and follow guidelines to ensure that their care needs are met."

- Staff ensured handover meetings between outgoing and incoming staff were held in a room with doors shut to ensure confidential information was not shared.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People who lived at Chiltern View were supported by staff who knew their needs well. A number of staff had worked in the service a long time.
- We observed staff were able to converse with people about things that were important to them. For instance, one person like to use colouring books to spend their time. Every time staff walked passed them they talked to the person about what they were colouring. One staff member asked the person what their favourite colouring pen was. The person replied "Red."
- Where people's needs changed, the registered manager and staff ensured the person's care plan was updated and communicated to all staff.
- People had access to a wide range of activities. Since our last inspection home based activities had increased. A senior carer worker told us, "We have weekly activities like sensory stories and seated exercises, we then have what I call poster events. I put up a poster to advertise the event. For instance, celebrating world book day and we did a daffodil art session."
- People had support from an external artist who facilitated art sessions. People's work was displayed around the home.
- It was clear from photographs we looked at from the activities carried out, people had enjoyed the sessions.
- On day one of the inspection a person was celebrating their birthday, we observed they were enjoying all the fuss and opening their presents as they had a big smile on their face and were clearly excited.
- The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns.

- The service had a complaint procedure in place.
- Information was available throughout the home about how people and their relatives could provide feedback to the registered manager or provider.
- The service had not received any complaints since our last inspection. We spoke with the registered manager and it was clear they were aware of how to respond to complaints appropriately.
- The provider had systems in place to monitor complaints to identify and trends in topics. Learning from complaints was shared across the providers' locations.

End of life care and support.

- At the time of the inspection, the service was not supporting anyone with end of life care needs.

- Staff had completed basic life support skills training.
- The provider was introducing end of life planning with people. The registered manager told us they were due to speak with relatives and other important parties in people's life to record end of life wishes.
- One person did have a funeral plan in place, which detailed their chosen method of service to celebrate their life and advising others of their chosen hymn.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- At the last inspection we found concerns about records relating to people's care. Care plans had not always reflected people's current needs or what activity they had been engaged in. We also found records relating to health and safety checks lacking. These were found to be breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan to tell us how they intended to improve. At this inspection we found improvements had been made.
- The registered manager and staff were passionate about providing a high-quality service. Professional behaviour was encouraged at all levels within the organisation.
- Throughout the inspection we found the registered manager receptive to our feedback.
- Staff told us they felt able to go to the registered manager with concerns.
- The provider encouraged staff to speak up if they were unhappy.
- The provider produced regular communication to the staff in the form of newsletters and a quarterly magazine which celebrated good news stories across the provider's locations.
- Throughout the inspection the registered manager was visible and kept in regular contact with staff.
- It was clear from our observations the registered manager was well-known by people who lived at the home. We regularly observed people smiling as the registered manager walked into the room.

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

- There was a registered manager in post.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. We checked our records against the service and record held by the local authority, we had been notified of events when required.
- The provider had systems in place to monitor the quality of the service provided. The registered manager and regional operational manager carried out regular audits within the home to drive improvement.
- Audits completed as well as records relating to accidents, incidents, complaints and number of safeguarding concerns raised fed into a risk tool. We looked at the historical records relating to the level of risk recorded. We noted since our last inspection the level of perceived risk had reduced. This reflects what we found on this inspection.
- Staff told us they felt the service had improved since they had started to work there and felt supported by management. Comments included "I feel supported from the management team and I really enjoy working



here," The management team is very supportive, it's a happy home to work in and the residents are safe at all times and well looked after" and "The home continues to improve and I believe the residents are happy and well cared for."

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

- People were offered a monthly meeting, topics discussed included, checking if people knew what to do in the event of a fire, suggestions about activities and if people were happy about meals. We noted where people had made suggestions an action was given to a member of staff.
- An annual survey was sent to relatives and stakeholders to seek their views on how the service was performing. The provider used this feedback to drive improvements.
- Staff had access to information on how they could raise concerns about poor practice anonymously (whistleblowing).
- Staff told us they felt they could make suggestions about how to improve the service. One member of staff told us "I will discuss it with [Name of registered manager]."
- Regular staff meetings occurred, where service development was discussed.

Continuous learning and improving care.

- The provider and registered manager had systems in place to share learning across the organisation and service.
- The registered manager made appropriate referrals to external health and social care professionals who shared best practice with the service.
- The provider shared any changes in legislation with staff.
- The registered manager identified bespoke training for staff and was also committed to their own professional development.
- The service received regular updates from Skills for Care, which promoted continuous learning.

Working in partnership with others

- The service worked closely with the local learning disability team, which consists of a range of health and social care professional including speech and language therapists, physiotherapists and dietitians as examples.
- The service made referrals to other external professionals when needed. For instance, one person was seen by a community psychiatrist.
- The service engaged with local authority's commissioners and social care teams. One social care professional told us the service was "Doing an amazing job."
- Three people who lived at the home attended a local community group. We observed on our second day of inspection people were being supported to get ready. It was clear from the smiles on their faces they were looking forward to going out.