

Voyage 1 Limited

# Antelope Way

## Inspection report

18-20 Antelope Way  
Cherry Hinton  
Cambridge  
Cambridgeshire  
CB1 9GT

Date of inspection visit:  
27 September 2017

Date of publication:  
31 October 2017

Tel: 01223416382

Website: [www.voyagecare.com](http://www.voyagecare.com)

## Ratings

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

# Summary of findings

## Overall summary

Antelope Way is registered to provide accommodation and personal care for up to eight people. There were eight people living at the home when we visited. Accommodation is provided over two floors across adjoining properties. All bedrooms are for single occupancy and there are separate toilets and bathroom/shower facilities. There are two kitchens/dining areas and communal areas for people and their guests to use.

This unannounced inspection was carried out on 27 September 2017. This was the first inspection of the service since being re-registered on 1 November 2016.

At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people who lived in the home were identified and assessed to enable people to live as safely and independently as possible.

People were supported by enough staff to support their needs. Staff were trained to provide care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the registered manager to maintain and develop their skills and knowledge through regular supervision, appraisals and ongoing training.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Applications had been submitted to the local authority and they were waiting an outcome to these.

People had detailed health care and support plans in place to ensure that staff had the guidance to meet people's individual care needs. The care and support plans recorded people's individual choices, what they were able to do independently, their likes and dislikes and the assistance they required.

Staff assisted people with personal care, their medicines, activities/hobbies, cooking and domestic tasks in a kind and respectful way, whilst still encouraging people to maintain their independence.

People felt able to raise any suggestions or concerns they might have with the registered manager. People felt listened to and reported that communication with the registered manager and members of staff were open and very good.

Arrangements were in place to ensure that the quality of the service provided for people was regularly monitored. People who lived in the home and their relatives were encouraged to share their views and feedback about the quality of the care and support provided.

## 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.

Risk assessments had been carried out to ensure that people were cared for as safely as possible and that any risks were identified and minimised.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

There were enough staff available to meet people's needs.

Medicines were stored securely and were administered as prescribed.

### Is the service effective?

Good 

The service was effective.

Staff provided care and support to people in their preferred way. People were supported to eat and drink enough to stay well.

People saw, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were in the process of being followed when decisions were made on people's behalf.

### Is the service caring?

Good 

The service was caring.

Staff were caring and supported people to be as independent as possible.

People received care in a way that respected their right to dignity and privacy. People were involved in making decisions about their care.

### Is the service responsive?

Good 

The service was responsive.

Care records provided detailed information to ensure that people's needs were consistently met.

A complaints policy and procedure was in place and people had the opportunity to raise any concerns about their care

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

### **Is the service well-led?**

The service was well-led.

The provider had arrangements in place to monitor and improve, where necessary, the quality of the service people received.

Members of staff felt well supported and were able to discuss issues and concerns with the registered manager.

**Good** ●

# Antelope Way

## Detailed findings

### Background to this inspection

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

This unannounced inspection was carried out by one inspector on 27 September 2017.

Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that happen in the service that the provider is required to notify us about by law.

We spoke with the team leader, an operational manager, a service manager and three members of care staff.

Not everyone who used this service was able to speak with us. This was because some people had other more complex means of communication. During the inspection we observed these people's care and support being provided by the staff to help us understand the experience of people who could not speak with us

We looked at two people's care and support plans, recruitment records, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as quality assurance audits, and staff training records.

## Is the service safe?

### Our findings

One person told us, "I like the staff and I am happy living here and feel safe. There is always staff around. That's good." For other people who were not able to speak with us we saw that staff were knowledgeable and reacted to people's non-verbal cues to ensure their support needs were being met.

Staff we spoke with told us they had received training in relation to safeguarding. We found them to be knowledgeable regarding their responsibilities in safeguarding people and protecting people from the risk of harm. They were aware of the procedures to follow if an allegation about being harmed had been made to them. One member of staff said, "I would not hesitate in reporting any concerns to the [registered] manager or senior in charge. We can always ring for support from senior members of the organisation. " Safeguarding reporting guidelines were available in the office and included contact numbers for the local authority safeguarding team. This showed us that staff were able to recognise and report any suspicions of harm.

An effective system had been put in place to reduce the risk of people being harmed, while at the same time ensuring that people were supported to lead full and satisfying lives. Any potential risks to each person had been assessed and recorded. Guidelines were put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence. The assessments were regularly reviewed and revised if the person's needs had changed.

Each person had a personal emergency evacuation plan (PEEP) in place, which gave staff and others, such as the fire service, detailed guidance about each person's needs if there was an emergency situation. The team leader said that evacuations were practiced regularly and involved the people who lived at the service.

There were enough staff on duty to provide both support to people in the home and be able to accompany them to attend appointments and pursue their hobbies and interests. We saw that staff who provided care and support during our visit undertook this and were happy in their work, in an unhurried and safe manner. The team leader told us that staffing levels were monitored on an ongoing basis. We were told by the team leader that additional staffing would be arranged to support people's increased level of needs when required such as an attendance at medical appointments or an additional activity of a person's choice.

Staff told us that staffing levels allowed them to have individual time with people living at the home. Those people who we spoke to told us that staff were available to help them whenever they needed assistance. One person said, "All the staff are lovely and helpful."

All recruitment checks were carried out by the provider's personnel department in conjunction with the registered manager. These checks included obtaining references, ensuring that the applicant provided proof of their identity and that they undertook a criminal record check with the Disclosure and Barring service.

Medicine administration records showed that medicines had been administered as prescribed. Staff confirmed they had been trained so that they could safely administer and manage people's prescribed medicines. Staff also received ongoing competency checks to ensure they were safely administering

medicines. Daily audits were carried out to monitor stock levels and ensure that all prescribed medicine had been properly administered. This demonstrated that people were protected from harm because the provider followed safe medicine management procedures. Clear protocols were in place for when medicines prescribed to be given on an as required basis should be administered.



## Is the service effective?

### Our findings

Staff told us and records confirmed they had the opportunity to undertake and refresh their training. One member of staff said, "Training is very good, we get lots of training and feel that we can ask for specific training if it helps support an individual although I haven't asked for anything yet." Staff told us that supervision sessions had been held and they found them useful and supportive.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us, and records confirmed that they had received training in the MCA and DoLS. Staff we spoke with showed an understanding of promoting people's rights, choices and independence. DoLS applications to the local authority had been made by the registered manager and the outcome of these was not yet known.

People were supported to eat and drink enough and were involved in planning the meals for the week. Staff supported people living in the home with meal preparation and one of the people living in the home told us that they particularly enjoyed fish and chips. People could choose an alternative meal if they did not want what was on the menu. People also assisted with the food shopping and had a choice of meals. People were weighed each month and staff told us that dietary advice would be sought if people were at risk of losing weight. People also regularly went out of the home to have their meals. People told us that they enjoyed going out for lunch and were supported by staff.

People were supported with their health needs. All people were registered with a local GP surgery and staff accompanied people to the appointments. People also had regular dental appointments and had access to a range of health care professionals. Health action plans were also in place for each person as well as Hospital Passports. These provided comprehensive information about the needs of each person living in the home. Any contact that people had with health care professionals was recorded.

## Is the service caring?

### Our findings

People we spoke with told us that the staff were kind and caring. One person told us, "Staff help me and I am very happy living here."

Staff had a very good knowledge of people's needs and were seen to treat them in a caring and respectful manner. Staff knew people's likes, dislikes and preferred routines and these were all recorded in their care plans. Throughout our inspection there were positive interactions between people living at the home and staff and we noted that people's wishes were respected.

People could choose where they spent their time and were able to use the communal areas within the home or spend time in their own bedrooms whenever they wished. All the people very much enjoyed going out. Staff encouraged people to be as independent as possible. Risk assessments and plans were in place which enabled them to go out without staff support where appropriate. Staff positively engaged with people and enquired whether they had everything they needed. This demonstrated that staff respected the rights and privacy needs of people.

Each person had an assigned key worker whose role was to evaluate and monitor a person's care needs on a regular basis. Staff told us that they met with each person on a regular basis to discuss their progress and to check that each person was happy with what they are doing. Daily records showed events that had occurred during the person's day and if they had enjoyed them. Some documents such as, the daily plan were available in a pictorial/easy read format. This showed us that people had information about the home in appropriate formats to aid their understanding.

Meetings were held with both people who use the home and staff to discuss issues, planning of holidays and any proposed developments in the home. They had recently discussed the re-decoration that is to take place.

Staff understood the need for confidentiality. Files and information about people were kept in the office and accessed on a need to know basis. This helped to protect people's private information and keep it secure.

The team leader told us that no one living at the home currently had a formal advocate in place but that local services were available as and when required. Advocates are people who are independent of the service and who support people to make decisions.

## Is the service responsive?

### Our findings

The people and staff told us about the range of activities that people took part in. These included shopping, going to the cinema, visits to the local pub and accessing local events within the community. Staff were involved in helping people plan activities during the week. People were supported to take part in interests that were important to them. Care plans detailed each person's activities programme. One person told us, "I go out with staff to do some shopping for things I need." We saw that a member of staff supported the person to go to the local shops during our inspection. The home had access to a vehicle so that people could regularly go out and visit places in the local community and prevent them from being socially isolated.

Staff had a good understanding of people's needs and how they liked to be supported. The care plans provided detailed information of what each person was able to do for themselves and then what support and/or encouragement people needed from staff to ensure that their needs were fully met. This ensured that care and support was provided in a consistent way and in a way the person prefers it. Each person's care plan had been reviewed each month and updates were provided to the team so that they were all aware of any changes. Each plan was person centred, and provided information about a person's likes and dislikes. Staff had regular handovers and this information was recorded to ensure they could refer back to it at a later time and date. This ensured that any changes to people's care were noted and acted upon.

Our observations demonstrated that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to fully communicate verbally to make choices. Staff told us that this was done by listening to a person's answer, getting to know the person's body language and their facial expressions.

The complaints policy and procedure was available in an easy read format. This meant that people could access it and use it themselves if they wanted to. People we spoke with told us they would speak to staff if they were unhappy. People told us they were encouraged to discuss their care and they are asked if they are happy during one to one time. This showed that people could raise concerns themselves at any time and be confident that they would be responded to promptly and effectively. There had been no complaints in the last year.

## Is the service well-led?

### Our findings

The home had a registered manager in post who was supported by staff. One person told us they got on well with the registered manager and the staff team. Throughout our inspection we observed the team leader interacted well with people living at the home. We also saw that staff were readily and actively available to people living at the home and assisted them when needed.

Staff told us that they were confident that if ever they identified or suspected poor care practices or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the registered manager to raise their concerns. One staff member said, "We are a good team if there was any bad practice this would be reported to the [registered] manager and acted upon without any hesitation or delay."

There were systems and process in place to ensure that the people were cared for safely. The registered manager, providers and staff were very knowledgeable about the needs of the people and how the service should be improved. For example, they had identified that the home had required decorating and this work on the environment was taking place in consultation with the people who live at the home.

Resident meetings had been held on a monthly basis to discuss areas of the service such as food, interests and activities. This showed that people's opinions were taken into account in the way that the home was run and the service was delivered. People told us they felt listened to and could express their views.

Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. Staff told us, and records we looked at confirmed, that staff meetings were held. Staff were able to add topics to the agenda if they wish. The provider had a clear leadership structure that staff understood.

Quality monitoring visits were being undertaken by members of the provider's senior management team. They regularly work alongside staff in the home so they are well aware of what is happening and are able to work on improving the quality. A wide range of checks and observations had been undertaken by the staff and management that were designed to assess the performance of all aspects of the service delivery. These included areas such as medication, health and safety, and fire checks. Information about the outcomes of these checks, together with any areas for improvement identified and details of actions taken and progress made were recorded.

Surveys are sent out to people who used the service, families and other stakeholder. This would enable them to gain feedback on the service that is provided and identify any improvements that may be necessary. This meant that there were arrangements in place to consistently monitor and improve the quality of the service

People regularly visited the local community and take part in activities of their choice. People were supported to meet their religious needs if required.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed CQC of significant events in a timely way which meant we could check that appropriate action had been taken.