

# Voyage 1 Limited

## 694 Pinner Road

### Inspection report

694 Pinner Road  
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#### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

We conducted an unannounced inspection of 694 Pinner Road on 17 April 2015. The service provides care and support for up to eight people with learning disabilities. There were six people using the service when we visited.

At our last inspection on 14 November 2014, the service met the regulations inspected.

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

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. The manager and staff had received training on safeguarding adults and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

# Summary of findings

Safe practices for administering medicines were followed. However, we found that controlled drugs were not stored in accordance with the Misuse of Drugs (Safe Custody) Regulations 1973. Records were kept when medicine was administered and a second member of staff countersigned these.

Staff were trained in the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). Staff demonstrated a good understanding of their responsibilities.

People and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only people who were suitable worked within the service. There was an induction programme for new staff, which prepared them to do their role. Staff were provided with a range of training to help them carry out their duties. Staff received regular supervision and appraisal to support them to meet people's needs. There were enough staff employed in the service to meet people's needs.

People were supported to eat and drink and their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals such as GP, psychiatrist and dentist. People were involved in making decisions about what kind of support they wanted.

Staff and people who used the service felt able to speak with the manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the policy.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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 always safe. Medicines were managed safely; however controlled drugs were not stored safely.

Risks associated with people's support were assessed and managed with guidelines for staff.

There were enough staff to meet people's needs safely and in a timely manner. Recruitment procedures ensured staff were suitable to work with people in need of support.

**Requires improvement**



### Is the service effective?

The service was effective. Staff had the knowledge and skills necessary to support people with learning disabilities.

The service obtained people's consent to the care and support they provided. The manager and staff understood the Mental Capacity Act (MCA) 2005 Code of Practice and the Deprivation of Liberty Safeguards (DoLS) and could explain when an application was required.

Staff supported people to maintain good health and eat a balanced, healthy and nutritious diet. People received appropriate assistance to eat when needed.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

**Good**



### Is the service caring?

The service was caring and relatives told us the staff treated the people using the service with compassion and kindness. People were involved in their care through regular meetings and were offered various options to choose from.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

**Good**



### Is the service responsive?

The service was responsive and relatives told us that the registered manager and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with the staff and management of the home.

**Good**



# Summary of findings

We saw that people were engaged in in-house and community based activities throughout the day of the inspection. We saw that these activities had a positive effect on people's well-being.

## Is the service well-led?

The service was well-led. Relatives we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve and there was a person centred culture in the service.

The service put strong emphasis on reflecting on practice and promoting and sustaining improvements already made in the service.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

**Good**



# 694 Pinner Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We undertook an unannounced inspection of 694 Pinner Road on 17 April 2015. The inspection was carried out by a single inspector.

Prior to the inspection we reviewed the information we had about the service. 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 our records including previous inspection reports. We spoke with two social workers and a representative at the local authority regarding safeguarding matters to obtain their views of service delivery. All made positive comments about their working relationship with staff and the registered manager at 694 Pinner Road.

People using the service had limited verbal communication skills; we spoke with one relative, two care workers, the registered manager and the operations manager during this inspection. We spent time observing care and support in communal areas. We also looked at a sample of three care records of people who used the service, three staff employment records and records related to the management of the service.

# Is the service safe?

## Our findings

Controlled drugs (CD) were administered to one person who recently moved into the home. We saw the CD register which had been completed appropriately and no omissions had been noted. The provider currently stored the CD's in the same lockable medicines cupboard as all other medicines. This did not fully comply with the Misuse of Drugs (Safe Custody) Regulations 1973, which required for CD's to be stored in cabinets that comply, as a minimum, with the specifications set out in these regulations.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a robust medicines administration procedure. Support workers told us, and records confirmed that they had received training for the administration of medicines. A detailed competency assessment was carried out to ensure the care staff trained were competent to administer medicines; this was reviewed on an annual basis. We observed that two staff administered medicines together, one to witness that the medicines had been given and the other to administer the medicines. After medicines had been successfully administered to one person both members of staff signed the Medicines Administration Record Sheet (MARS). We observed that the MARS and stock levels had been counted during each handover. This ensured that any mistakes could be resolved as soon as possible. None of the people living at the service were able to take medicines themselves or to manage these safely without staff assistance.

Where people had been prescribed medicines to be taken as needed (known as PRN medicines), staff had 'PRN protocol' guidelines for each medicine detailing the circumstances in which it was to be administered and how. These were correctly included and completed in each person's MAR sheets.

One relative told us, "the staff are excellent, they know what they are doing and make always sure that my relative is safe. Staff are always available and whenever we visit there have been enough of them around." Care workers also told us that people were safe and that there were systems in place to ensure people were protected. One care worker told us, "we have risk assessments. In the

kitchen we make sure all the knives are put away and make sure the cooker is safe. We make sure the temperature of the food is okay for clients. If I were to see a hazard for clients I would report it immediately to the manager."

A safeguarding policy was in place and all staff received safeguarding training, which had been regularly updated to ensure staff had current knowledge of how to deal with safeguarding allegations. Staff we spoke with were able to describe action they would take if they were concerned that someone using the service was being abused. Staff had training in supporting people who challenged the service, and advised that no physical restraint was used in the service.

We saw a range of documents indicating that people were kept safe, including safety certificates for the environment and individual risk assessments in place for people. We looked at the safety certificates in place for equipment and premises maintenance including gas, electricity and portable appliances safety certificates and found that these were up to date. A current fire risk assessment was in place specifying action to take to minimise the risk to people using the service. Records showed that regular fire safety checks were conducted including quarterly fire drills to ensure that people were familiar with the evacuation procedure. Environment checks were also conducted on a regular basis.

The staffing rota showed that staff were deployed flexibly to support people with tasks that they had chosen, with staff starting work at a variety of times depending of the support to be provided. Relatives did not express any concerns with the number of staff available, although some staff said that it could be difficult when there was short notice staff sickness in the team.

Each person's care plan included a detailed risk assessment, including risk factors and actions put in place to minimise the risk of harm. These were updated on a regular basis and included specific guidelines as to how staff should support people.

We looked at the recruitment records of new staff recruited to work at the service since the previous inspection. Appropriate checks had been carried out including a criminal records disclosure, identification check, and satisfactory references prior to them commencing work. This was done to ensure their suitability to work at the service.

# Is the service effective?

## Our findings

Relatives told us that their relative received effective support from staff at the service. Comments included “I think it’s very good,” and “They helped [relative] to improve,” and “The food is very good so we were told.”

Relatives told us “All the care staff are brilliantly trained,” and “They have a really good team there.” We looked at three staff files. Training records showed that staff had received induction training prior to commencing work and also attended mandatory training and training on other relevant topics including autism, learning disability, mental health, mental capacity, sex and sexuality, epilepsy, and diabetes. Staff were very positive about the standard of training provided by the organisation and confirmed that they received annual refresher training. They displayed a good understanding of how to support people in line with best practice particularly in promoting independence.

Staff team meetings were held each month, covering a range of topics relevant to the service to ensure that staff worked consistently with people. Staff members received individual monthly supervision sessions with management and regular appraisals were carried out to reflect on annual performance and discuss further training and learning needs to improve care staff had better understanding of people’s needs and develop into more senior roles.

CQC is required by law to monitor Deprivation of Liberty Safeguards (DoLS). DoLS are there to make sure that people in care homes, hospitals and supported living services are looked after in a way that does not

inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and legal way. The registered manager had obtained standard authorisations of Deprivation of Liberty Safeguards (DoLS) for all people using the service and we found that appropriate processes had been followed and the authorisation was time limited.

People met every weekend to discuss the menu. Staff told us that pictures were available for people to choose what they wanted to eat. Likes and dislikes were documented in people’s care plans and staff we spoke with were able to tell us what people enjoyed eating. We observed lunchtime and found that people were provided with sufficient time to eat their meal, which was home cooked and well balanced. Where people required support to eat this was provided by staff and any dietary requirement were discussed with the persons GP and dietician input was sought where required. We saw that people’s weight had been monitored and staff were able to tell us of actions to be taken if weight increased or decreased.

Staff supported people to maintain good health and access health services when required and when this was part of their support. Records documented appointments people had with health professionals and outcomes and actions for staff. We saw that staff sought support from health professionals quickly when they were concerned about a person’s health. People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians.

# Is the service caring?

## Our findings

Relatives were complimentary about the attitude of the staff and told us they found staff to be friendly and supportive. The atmosphere of the home was relaxed. We saw that people were supported in a respectful and kind manner by staff. There was pleasant interaction between staff and people, staff spent time speaking with each person in a friendly and sensitive way. One relative told us “My relative is very well looked after,” “They [staff] are nice and friendly. They listen to him” and “My relative goes out regularly”.

People’s relationships and contact with their family and others important to them were supported by staff. A relative of a person told us they were very happy with the care their family member received in the home. They told us “[The person] is happy and when [the person] is happy I am happy. The staff is very caring, they involve the family, and they are like family.” This relative confirmed they visited a person at different times of the day and was always welcomed by staff.

People told us they were happy with the care they received and were involved in decisions about their care. During the inspection we found staff took time to listen to people and involved them in making decisions, which included deciding what they wanted to eat and what they wanted to do.

Staff knocked on people’s bedroom doors and waited for the person to respond before entering. People’s choice to spend time during the day in their bedroom was respected by staff. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person’s care and treatment. We saw people’s records were stored securely.

Staff had a good knowledge and understanding of people’s individual needs. They told us they got to know people by speaking with them about their lives, interests and needs. Staff confirmed they read people’s care plans and received detailed information about each person’s progress during each shift they worked. Staff told us they supported people to be involved in decisions about their care and treatment by providing the information and explanations they needed, for example about the importance of attending health appointments. People had regular meetings with their keyworker where aspects of their care plan were discussed. Records of these meetings showed activities, holidays and finances had been discussed with people using the service.

Care plans included information about people’s life history, cultural and spiritual needs and showed that people had been consulted about the care they wanted to receive. A social worker told us that staff had a very good understanding of people’s needs and took great care in supporting people in-house and in the community.

People’s independence was encouraged and supported. Staff had received training about prompting people’s independence. People made snacks and drinks, went out into the local community and were involved in household tasks such tidying their bedroom and laundering of their clothes. People had travel passes which enabled them to travel without cost on public transport as frequently as they wanted. Staff told us “We help people to be as independent as possible.” The registered manager told us that people were registered on the electoral register so had the opportunity to vote in elections.



# Is the service responsive?

## Our findings

Relatives told us “The home always invites us for reviews and regularly updates us with any changes.” Care workers told us, “All residents have a person centred plan, which were created by involving the resident as much as possible. Where residents find it difficult to communicate we seek information and ideas from their relatives, care professionals and other people involved in the resident’s life as well as the knowledge and experience the whole staff team has about the resident.”

All three care plans we viewed confirmed that a detailed assessment of needs had been undertaken by the registered manager, the person, their relatives and care staff working at the service. The assessment formed the basis of the care plan. Care plans were well structured and addressed a wide range of needs, actions and goals. All care plans started with a one page profile which provided personal information, likes and dislikes as well as people and things which were important to the person. The one page profile was followed by various individual needs and goals, which included risk assessments and a risk management plan. The risk assessments included information about communication skills and communication needs of the person. Care plans were reviewed monthly by the key worker and formal reviews were carried out annually which were attended by the person, their relatives, a representative from the local placement team and care staff, as well as the registered manager.

Care plans emphasised people’s abilities and skills as opposed to looking at things people had difficulties with. However, people were supported with their concerns and difficulties.

All people living at the home had a set routine, for example attending a day centre, cleaning the home, setting the table or going for walks in the local area. The routines were well structured and communicated to people with the use of various communication aids such as pictures or symbols. The registered manager told us that people started recently attending day centres again. This was due to a concerted effort with people’s families, a local member of parliament, advocates and social workers. People accessed the community regularly, for example one person was a member of a London Premier League team and went to football matches and visited their training ground. This showed that the service had close links with the local community and people who used the service were not excluded due to their disability.

Records showed the home had not received any complaints since our last inspection. The provider’s complaints procedure was displayed in the hallway and was available in alternative formats, such as pictures and symbols. Care workers spoken with demonstrated good understanding of how they would deal with any concerns raised and told us that they would raise any concerns with their manager. The provider had a whistle blowing procedure and both staff spoken with were aware of this procedure and told us that they would make use of this procedure if required.

# Is the service well-led?

## Our findings

Relatives spoke very positively about the registered manager and care staff. They told us that the registered manager “Listens to everything I have to say and deals with our issues.” One social worker told us “The manager is very easy to get hold of, if I call the home and he is not around he will always call me back to discuss issues. I would say the home is very well managed.” Care workers made similar positive comments about the support they received from the registered manager and senior care workers. One support worker told us, “If I had a difficult shift, the manager will always take the time to sit down with me and look at what we could do in the future to make the shifts less challenging.” Another care worker told us, “I feel very well supported; the registered manager is very good and very approachable. If I have any issues, I will get a response and we look for solutions together.”

The provider had systems in place to monitor the quality of the service provided to people. We saw weekly updates from the registered manager that was sent to the senior management team. These included areas such as service incidents, staff development, and the views of people using the service and their representatives, and updates on how individual people were being supported by the service. There was evidence of action being taken where service shortfalls were identified, for example, on improving how staff communicated with someone in line with professional

guidance provided. This also helped to demonstrate that the action plan arising from the service’s recent annual questionnaires to people and their representatives was being followed.

We saw that weekly health and safety checks took place. The registered manager monitored the home weekly. Records of this showed audits of aspects of the service provided to people, including safety checks, attention to individual health and care needs and staff support. Staff told us that members of the senior management team checked on the service from time to time, and that they did not know of these visits in advance. This helped assure us of good management of the service in support of delivering high quality care.

The registered manager told us that different staff were responsible for undertaking regular audits of the home. Records showed that these included health and safety audits for the home which covered fire safety, electrical checks and temperature checks.

The provider sought feedback from people who used the service, relatives and staff through questionnaires which we saw were in people’s care files. We saw evidence that the provider had analysed the information gathered from the questionnaires. The feedback from the questionnaires was positive. People we spoke with and their relatives confirmed they had been consulted about the quality of service provision.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use the service were not protected against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the safe keeping of controlled drugs. Regulation 12 (2) (g).</p>