

Voyage 1 Limited

Lowther Road

Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Lowther Road 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.

Lowther Road accommodates up to four adults with a learning disability in one house. A downstairs bedroom is adapted to suit people with impaired mobility. The service was providing personal care to four working age people at the time of the inspection. Nursing care is not provided.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence and inclusion.

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. This included the assessment and management of people's individual risks.

There was an emphasis on promoting people's privacy, dignity and independence. People were gently supported to do as much as they were able for themselves.

People were frequently involved in their chosen activities and had community contact as a matter of course. They were encouraged and supported to keep in touch with people who were important to them. A relative told us with pleasure about how busy their loved one was.

The service had a strong and visible person-centred culture, with staff demonstrating real empathy for the people they were supporting. People and relatives valued the caring approach of the manager and staff, which exceeded the expectations of relatives.

People interacted freely with staff, who were skilled at understanding their communication styles and communicating with them in the way they needed.

People got the support they needed, as staff had a good understanding of their support plans. A relative told us how their loved one had thrived at the service. People and their families were meaningfully involved in decisions about their care and support.

People were supported to manage their health, including having a varied and balanced diet of their choice. Medicines were managed safely.

The manager and staff understood their responsibility to protect people from abuse. When circumstances had required it, the manager and staff had followed local safeguarding protocols. There were checks to ensure new staff were of good character and suitable for their role.

The premises were bright and homely, and were kept in a clean and safe condition.

Staffing levels were sufficient to meet people's support needs. Staff had the support they needed, through training and supervision, to perform their roles effectively.

Everyone we spoke with expressed confidence in the way the service was run. There were robust quality assurance arrangements, with a mechanism for bringing about improvements, where necessary, as a result of accidents, incidents or complaints.

The service met the characteristics of outstanding in caring and good in all other areas.

Rating at last inspection:

At the last inspection the service was rated good (10 August 2016). The overall rating has remained the same.

Why we inspected:

This was a planned inspection based on the previous rating.

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?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally 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.

Lowther Road

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 an adult social care inspector.

Service and service type:

Lowther Road 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.

A new manager had recently started in post. They had applied to register with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager will also have this legal responsibility once they are registered.

Notice of inspection:

The service was not given notice of the inspection.

What we did:

Before the inspection we reviewed information we held about the service. This included feedback, information about safeguarding referrals, and notifications the provider is required to send us by law. We also obtained feedback from health and social care professionals who have contact with the service. Additionally, we looked at the Provider Information Return. This is information we require providers to send us at least annually to give some key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spent time with everyone who lived at the service and made general observations

around the service. We spoke with a visiting relative and received feedback from another relative. We also spoke with three support workers, the manager and the operations manager for the service who visited on the second day of the inspection. We reviewed three people's care records, medicines administration records and other records relating to how the service was managed. These included two staff recruitment and supervision files, staff training records, audits and quality assurance documentation, meeting minutes and maintenance records.

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.

Systems and processes to safeguard people from the risk of abuse

- People looked relaxed and comfortable with staff. A relative who had frequent contact with their family member told us that "without a doubt" the person felt safe at Lowther Road.
- The manager and staff had been trained and developed to understand and apply policies and procedures related to protecting people from abuse. They knew how to recognise and report concerns about abuse.
- When circumstances had required it, the manager and staff had followed local safeguarding protocols.
- Controls were operating to ensure the service could account for any money they looked after on people's behalf.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and were addressed through support plans. Risks were managed with the fewest possible restrictions on people's freedom.
- The upkeep of the premises was good. There were regular health and safety checks, including checks of fire extinguishers, fire doors, emergency lighting and the fire alarm.
- There was up to date certification for gas, electrical wiring, portable electrical appliance testing, fire extinguisher maintenance, emergency lighting and fire alarm maintenance.
- There were precautions in operation to reduce the risks of legionella colonising the water system. Legionella are water-borne bacteria that can cause serious illness.

Staffing and recruitment

- Staffing levels were sufficient to meet people's support needs. Staff spent time with people and supported them without rushing them.
- There were checks to ensure new staff were of good character and suitable for their role. These included criminal records checks, obtaining an employment history and taking up references from previous employers.
- One staff employment record did not contain, as it should have done, a full employment history since the person had left education. This was rectified during the inspection.

Using medicines safely

- Medicines were stored securely.
- Medicines systems were organised, and people were receiving their medicines when they should.
- When medicines errors had been reported by staff or discovered through the regular checking process, these had been taken seriously and followed up appropriately.
- Staff had regular training in administering medicines. They also had training in administering special epilepsy medicines when a person needed these during their seizures, and in administering medicines

through a tube inserted into a person's abdomen.

- Staff competence in administering medicines was checked at least annually.

Preventing and controlling infection

- The premises were clean and tidy. Colour coding meant cleaning equipment was dedicated for use in designated areas, such as the kitchen or bathrooms.
- Staff had training in infection prevention and control, for example, when to wash their hands and when to use protective equipment such as disposable gloves and aprons.
- Hand washing facilities and alcohol hand cleansing gels were available.
- Laundry facilities were clean and orderly.

Learning lessons when things go wrong

- Staff recorded accidents, incidents and near misses. The manager reviewed each one to ensure the necessary action had been taken to keep people safe.
- The manager and provider reviewed accidents, incidents, near misses, safeguarding and complaints for trends that could suggest further improvements were needed.
- Lessons learned were shared as appropriate with individual staff and with the staff team.

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

- A relative told us their loved one had thrived at the service. They said the person loved spending time with the family but was always excited to return to Lowther Road.
- Care and support was planned and delivered in line with current good practice.
- The provider had recently introduced active support awareness training for staff. This was aimed at equipping staff to support people to develop skills and work towards goals, in a highly personalised way.
- People's support plans were individualised, detailed and comprehensive. Staff had a clear understanding of them.

Staff support: induction, training, skills and experience

- Staff had the support they needed, through training and supervision, to perform their roles effectively.
- Staff told us they were well supported by their manager and colleagues. A member of staff commented how regular supervision had been good for their development and confidence.
- New staff had training in key areas at induction, and refreshers at intervals of one to three years thereafter. This covered topics such as moving and assisting, safeguarding, food safety, basic life support, fire safety, privacy and dignity, equality and diversity and epilepsy awareness.
- Almost all this training was up to date. There were clear plans to catch up with those few areas, for some staff, where they had fallen behind.

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

- Staff prepared the main meal in the evenings. People were involved in this if they wished.
- People took it in turns to choose what the evening meal would be, with the aid of pictures of different foods and meals.
- If someone did not fancy the main meal, staff supported them to choose an alternative.
- Staff encouraged people to eat a varied and balanced diet, whilst respecting their food preferences.
- People prepared their own breakfast, lunch, snacks and drinks, as far as they were able, with support from staff.
- Individual dietary needs were planned, catered for and monitored to ensure they were being met.

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

- The décor was bright and homely.
- People's preferences were reflected in the decoration of their bedrooms and communal areas.
- There was one bedroom downstairs. It had an ensuite bathroom adapted for people with impaired mobility.

- The other bedrooms were upstairs and each had an ensuite bathroom.
- People had free access to their bedrooms, communal areas and an enclosed garden.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had ample opportunities to keep active, such as going for a swim or a walk, if that was what they wanted to do.
- People had up to date health passports to go with them if they needed to go into hospital. These contained key information to give hospital staff details about their health and how to help them feel comfortable.
- People had the support they needed to manage ongoing health conditions.
- Staff liaised as necessary with people's health professionals, such as community learning disability staff, dietitians and a specialist epilepsy nurse.
- Staff were alert to people showing signs of being unwell or in pain and supported them to see their doctor as appropriate.
- People had regular dental check-ups.

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, and some hospitals, 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.

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

- Continuous supervision and control, combined with lack of freedom to leave, indicated people were deprived of their liberty. The provider had applied to the appropriate 'supervisory body' (local authority) for this to be authorised under DoLS.
- Most of the applications were still awaiting assessment by the supervisory bodies. The manager or her predecessor had chased this. The people concerned were not indicating they were unhappy with their placement at Lowther Road.
- One person's deprivation of liberty had been authorised under DoLS. There was a condition attached to this authorisation, which had been met.
- The provider had trained and prepared their staff in understanding the requirements of the MCA, including DoLS.
- As far as possible people were involved in decisions about their care, even if they lacked the mental capacity to make those decisions for themselves. Staff saw this as highly important.

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.

Outstanding: People were truly respected and valued as individuals, and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- People valued the caring approach of staff, which exceeded the expectations of relatives. A relative described themselves and their family as "more than happy" and said of the staff, "They're all absolutely delightful".
- There was a strong and visible person-centred culture, as at the last inspection, with staff demonstrating real empathy for the people they were supporting.
- Staff constantly offered people choices, in a way that was meaningful and accessible to each person. They respected people's preferences and supported them accordingly, for example with their chosen activities or to prepare particular snacks.
- Staff prioritised people's preferences and choices, basing their work around these. For example, during the inspection, a person returned home early because they were poorly. Staff recognised this could disrupt another person's planned activity; this second person found such changes in routine particularly difficult to cope with. Staff worked out how they could avoid disrupting the person's routine, which meant the person went ahead with their day as planned.
- The service had gone above and beyond to enable a person to have ongoing access to things they enjoyed, which could have been restricted because of issues with their funding.
- Whenever staff spoke with us or each other about people and the way they supported them, they emphasised the expectation that they would prioritise people's needs and ensure they had choices. As at the last inspection, this emphasis on choice and respect was reflected in support plans, daily notes, team meeting minutes and staff supervision records.
- Records portrayed people in a positive and respectful way. This was illustrated through the selection of file photographs that showed people when they were happy and busy with something they enjoyed.
- Care records reflected people's histories and cultural backgrounds. For example, one person was proud of their family heritage and this was clearly reflected in their support plan and records.

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

- The service prioritised people having their say about their care, so the whole staff team understood their hopes, preferences and choices.
- Staff used people's preferred communication methods, finding creative ways to enhance their communication. One person communicated freely with staff using Makaton (a sign language used by some people with a learning disability). Another person used their own signs and gestures, which staff understood and watched for. A further person used pictures and photographs to help them understand what was going to happen.
- Staff were confident with Makaton and supported each other to develop their Makaton skills further. This

had enhanced communication for other people who had not routinely used Makaton.

- People's communication styles and needs were set out clearly in their support plans.
- Information about an independent advocacy service was clearly displayed on the hall noticeboard.

Respecting and promoting people's privacy, dignity and independence

- Promoting people's privacy, dignity and independence was at the heart of the service's culture and values. Staff readily described their work in these terms and they were embedded in everything the manager and staff did. People and staff felt respected, listened to and that their views mattered.
- All the interactions we observed respected privacy, dignity and independence. Staff were observant, anticipating people's needs and recognising signs they might be upset or uncomfortable.
- Staff were constantly promoting people's independence. For example, they gently encouraged people to do as much as they could for themselves, such as getting their breakfast or lunch, or getting ready to go out.
- A support worker took seriously their role as dignity champion, which they saw as to promote person-centred values, fundamental to people's dignity. They oversaw the dignity noticeboard in the hall, every month posting up a question for discussion at the next team meeting, such as "How am I promoting person-centred care?".
- People chose which staff would be supporting them.
- Staff understood their responsibility to maintain people's confidentiality.

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 and their families were meaningfully involved in developing and reviewing their support plans. People met regularly with their key workers to discuss what they wanted to achieve and the support they needed.
- Support plans were holistic, focusing on people's goals, skills and abilities, as well as their support needs.
- People frequently took part in individualised activities they found meaningful and enjoyable, at Lowther Road and in the community. Staff were conscious of the importance of this and made every effort to ensure people's chosen activities happened. A family member spoke with pleasure about how busy their loved one was.
- People were encouraged and supported to keep in touch with family members and friends who were important to them, whether face to face, on the telephone or through Skype or safely managed social media.
- The service had implemented the Accessible Information Standard. Staff identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others and included in health passports.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints policy and procedure.
- Information about how to make a complaint was displayed in the manager's office but was not available in communal areas. The manager agreed to rectify this.
- There had been one complaint during 2018. This had been investigated and responded to promptly. There had been no complaints subsequently.

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 create promoted high-quality, person-centred care.

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

- A relative and staff expressed confidence in the leadership of the service.
- Staff told us the manager was approachable and readily available if they needed support, for example, "[Manager]'s always someone you can approach".
- The service had a positive, open, person-centred culture. Staff focused on organising their work so that everyone was supported in their preferred way and their needs were met.
- The manager was aware of the duty of candour and ensured people and their relatives were told openly about anything that had gone wrong concerning their care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was no registered manager. A new manager had started recently. Her application to register was due to be assessed and has subsequently been successful.
- There were clear management and accountability arrangements. The new manager followed the provider's monitoring and reporting procedures. She felt well supported by her manager, who visited the service regularly.
- Staff had regular supervision, at which they discussed expectations of their roles and received constructive feedback about their work.
- There were regular team meetings, where staff discussed people's support and the running of the service. This included forthcoming developments, and any changes introduced in response to accidents and incidents. Staff told us they always had a say at these meetings.
- The service had notified CQC of incidents such as safeguarding adults referrals, as required by law.
- Quality assurance arrangements were robust, identifying areas of strength and for improvement.
- There were audits and checks by staff within the service, which were overseen by the manager. These included health and safety checks, fire safety checks and medicines audits. Any issues identified were addressed promptly.
- The manager was expected to complete a quarterly audit to monitor how the service was implementing the provider's policies and procedures, producing an action plan to address any shortfalls. As the manager was new in post, she was learning about this process.
- The provider's quality and compliance team carried out unannounced inspections. The provider also encouraged peer audits and reviews by managers of other services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The annual service review included surveys to people, relatives, staff and professionals. Feedback from the surveys in October 2018 had been positive, apart from one relative and some staff commenting that at times communication could be better. This was during a period of changes in management.
- People were respected as unique individuals. This included their equality characteristics, such as age, gender, disability and sexuality, which were reflected in their personalised support plans.
- Staff were also treated equally.
- People's families had contact with staff in their preferred manner. For example, one person spoke with a parent daily. Staff encouraged the person to tell their parent about anything that had happened, such as a visit to the doctor. Staff also told the parent anything they needed to know.
- There was an annual barbecue for people, families and friends and staff, which helped everyone get to know each other.
- The service maintained good links with other agencies involved in people's care and support, such as health and social care professionals, the pharmacy, and day opportunities and centres that people attended.
- People and staff had also got to know staff at some local facilities they used, such as a nearby swimming pool.