

Voyage 1 Limited

60 Cobham 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

60 Cobham Road is a house located in the village of Fetcham, in Surrey. The home provides accommodation and personal care for up to six people living with learning and physical disabilities. The care provider is a national care organisation with locations of care homes across England.

People's experience of using this service:

People living at 60 Cobham Road were safe and supported by staff who were kind and caring. Staff provided a calm and respectful approach and understood individual needs and personalities. Most people who lived at the home were non verbal in their communication. Staff knew how to communicate with each person and people were involved in day to day decision making as much as possible.

The house was suitable for people at this time and some adaptations had been made to accommodate people with mobility needs. However, there was some outstanding work to be done to make the home look well cared for and to take account of people's needs as they aged. We made a recommendation that this work should be acted on as soon as possible.

People were supported to take part in suitable activities they enjoyed each day. People were engaged with the local community life, and participated in everyday tasks such as doing the shopping. Staff enabled people to take part in tasks at home and in their own care and promoted their independence.

Relationships with healthcare services had been strengthened to meet the needs of people as they aged. People received regular health checks, their medicines were reviewed and any individual health issues were being addressed. People took part in choosing meals and they ate healthily. Staff were aware of the risks some people faced with their nutrition and this was well monitored.

The registered manager had a good awareness of the priorities for the service, staffing and the people they supported. Improvements had been made over the last six months to ensure the service provided was good. The provider had a continuous quality monitoring cycle in place. Statutory requirements were being met. Recruitment and development of staff was an important aspect to ensure standards were maintained.

Rating at last inspection:

Our last comprehensive inspection report was published on 28 August 2016 when we rated the service as good overall. The service was rated as requires improvement in the Effective domain because they had not always followed the legal requirements of the Mental Capacity Act 2005.

A focused inspection took place and a report was published on 5 April 2017 which demonstrated that the service had made improvements in this area and was rated as good.

Why we inspected:

This was a planned comprehensive inspection. This inspection was part of our scheduled plan of visiting

services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our scheduling guidance.

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?

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.

60 Cobham 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.

Service and Service Type:

60 Cobham Road is a care home that provides accommodation and personal care for up to six people living with a learning disability. At the time of the inspection there were five people living at the home. 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.

Inspection Team:

The inspection was carried out by one inspector.

Notice of Inspection:

The inspection took place on 28 January 2019 The inspection was unannounced.

What we did:

The inspection was informed by information we already held about the service. Before the inspection we looked at information submitted in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from healthcare professionals and commissioners.

At the inspection we spent time observing the care provided and interactions between the staff and the people living there, the majority of whom were non-verbal in their communication. We spoke with one person, one visiting independent advocate, two of the care staff and the registered manager. We looked at the care plans of three people and at people's medicines records. We checked any accidents and incidents, the staffing records and a variety of information about how the service was managed and run. After the

inspection we received feedback from two other healthcare professionals.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff understood their responsibilities to protect people. One staff member told us, "I would tell my manager if saw anything wrong. Or I could take it higher if needed, or to an external agency."
- The safeguarding of people was an agenda item for each of the monthly staff meetings. The notes of a recent meeting reminded staff about recording what people did and said that could be important.
- Training on the safeguarding of people was provided when new staff started and then completed every two years, and staff we spoke to confirmed they had received this.
- People were supported with their money and there was a system in place for ensuring this was safely managed with minimal risk of abuse. The manager did a monthly check on the record of income and expenditure.

Assessing risk, safety monitoring and management

- Staff had a good awareness of the risks each person faced and there was information available to help staff act to reduce risks. One person was at high risk of choking at meals because they tended to eat too fast. There were guidelines from the speech and language therapist in the kitchen, as well as in care plans. A staff member said, "We need to give smaller portions, a little at a time, and maintain close supervision during meal time."
- Another staff member told us one person had a right sided weakness and they knew how to support them when mobilising. They said, "[name of person] needs their tripod to walk safely and they also wear special shoes."
- The registered manager had put in place a 'read and sign' folder for staff. This provided staff with important information they needed. For example, there was a recent policy about the use of petroleum based creams and the preventative action to avoid build up and any fire risk. Staff had signed to say they had read this.
- There was an evacuation plan in place in the event of a fire. Staff had to review their knowledge yearly and fire drill practices were held three times a year. People had personal evacuation plans and staff knew how to give reassurance and clear instructions in the event of a fire.

Staffing and recruitment

- People were supported by sufficient numbers of staff to ensure safe care. There were three care staff available between 07.30 and 21.15 not including the registered manager. At night there was always one staff awake and another who was sleeping on site.
- The staff rotas showed there was always a shift leader available and that a manager was 'on call'. Agency staff were used to cover vacant staff hours. However, this was only for night care as permanent staff were

prepared to work overtime and provided continuity of care.

- During our visit, two of the staff went out shopping, taking three people with them. This left one member of staff with two people which was safe, and the registered manager was also there.
- There was a good awareness of people's needs and personalities so that staff could assess how they should be deployed.
- Staff had been safely recruited. Prior to employment the provider obtained details of the applicant's previous work history, two references and a check with the Disclosure & Barring Service (DBS) was completed. The DBS keeps a record of potential staff who would not be appropriate to work in health and social care.

Using medicines safely

- People were supported by staff who were trained to administer medicines and their competency to do so was reviewed yearly. The registered manager said that no agency staff administered medicines.
- People's medicines records were completed with no gaps. There was a daily count of the medicine stock which we also checked and found it was correct.
- The registered manager completed random checks of medicines administration as well as a monthly audit. The yearly pharmacist audit had just been carried out on 15 January 2019 and this did not identify any issues.
- The storage of medicines was safe in a locked cupboard in the office. There was a thermometer in place and daily temperature readings were recorded to ensure the medicines would not be affected by excessive heat. One person required a specialist medicine which was stored securely and the use of this drug was recorded separately.
- The registered manager showed us a template form which they said they would use when a person is prescribed any 'as required' (PRN) medicines, although it was not in use as no-one needed PRN medicines at that time.

Preventing and controlling infection

- People were protected from the spread of infection. There was an infection control policy in place and staff were aware of their role in this. One staff member told us, "We have access to gloves and the right equipment, it is kept in laundry room. We always use when supporting people with personal hygiene."
- An audit was conducted annually with the last one being on 18 June 2018. There had been no infections reported and continuous actions by staff on hand washing and use of personal protective equipment was met.

Learning lessons when things go wrong

- The service recorded any accident or incident that had taken place in the home, including what action was taken at the time or to prevent future risk.
- Recent incidents had been in relation to people's changing physical health or mobility needs. For example, one person had recently tripped on the stairs, injuring their face. The registered manager said they are aware of the need to address new risks as people age. Staff are monitoring the situation to see if the person has further problems using the stairs.
- The registered manager had sent us a statutory notification to inform us of this event, and updated the local authority, including the steps they were taking to reduce risks.

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

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

- People had received a comprehensive assessment of their needs. This covered all aspects of their life and care including cognition and emotional support. Staff were provided with the information they needed to support each person.
- People's care plans had been reviewed and updated in November 2018. This confirmed what the provider had told us in their provider information return (PIR) "People we support have their needs reviewed on a regular basis."
- There was evidence that staff were made aware of good practice guidance relevant to the people they looked after. For example, there was information available on the incidence of constipation for people with a learning difficulty. This gave staff the signs to look out for and tips on how they could best support people who were prone to this.

Staff support: induction, training, skills and experience

- People were looked after by staff who were supported and supervised to give effective care. Formal supervision took place with their manager every three months, and records showed this was the happening. The registered manager also said, "It is a small team so I can speak to staff daily."
- Staff received a good induction before they started in their role and they had ongoing refresher training for safeguarding, moving and handling and infection control. There was an annual staff appraisal system.
- The provider encouraged and supported staff to develop their knowledge and complete their National Vocational Qualification (NVQ). One staff member was currently working on their level two in health and social care.

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

- People's needs were being met within the home and environment. Each person had their own room, which was suitable for them. Downstairs there was an adapted bathroom with walk in shower and chair which was needed for people with mobility needs.
- As people were ageing and their needs would change, there was some work planned and needed within the home. The bathroom upstairs was not adapted, although this had recently been requested by the registered manager to make it more accessible. The staff were also monitoring how people managed the stairs for adjustments that may be required.
- Outside the home there was a broken fence and the paintwork needed attention. Health and social care professionals said they thought there could be more investment in the building. Following the inspection we were sent evidence that the fence has been repaired.

We recommend the provider completes the work identified at the home and consider how they will meet

people's changing needs as they age.

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

- People were involved in the shopping for food, the planning of their meals and had a choice about what they would eat. One staff member told us, "They choose their own lunch and they each get to choose the main meal one day a week."
- Choice was offered to people, by showing them different items and pictures. Some people communicated by facial expressions or by refusing an item. Staff said, "We would always make them something else if this happened."
- People's food intake and their weight was monitored. Staff recorded what people had eaten each day in the daily notes. One person had been losing weight, and this had been monitored weekly and investigated by the GP.
- People were encouraged to eat healthily with fruit and vegetables available. At lunchtime we saw people enjoying their food.

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

- On the day of inspection there was good liaison by the staff with a specialist nurse and GP about how to best manage one person's care, following a recent fall and injury.
- There had also been timely communication with a person's advocate and breast care team about cancer screening tests and how best to approach this. One professional fed back that staff, "Had the resident's best interests in mind... and we had a successful outcome."

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

- Staff arranged for the dentist to visit two people at the house, in their best interests, as they would not attend the surgery.
- People were supported to access specialist health services. Each person had a healthcare folder where appointments and outcomes were recorded. There was evidence of a referral to physiotherapist for one person. Another had been supported to attend hospital for investigations.
- Records showed that each person had an annual health check. The registered manager said, "It is key that as people age, we help them to stay as healthy as possible."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There was evidence that the service understood consent issues and that mental capacity assessments were being done. Decisions made in people's best interests, and any meetings with their outcomes, were recorded.
- The service had correctly applied to the local authority under the DoLS as people were supported and supervised continuously, in their best interests.
- Each person's care plan had a decision-making profile for the person and staff had awareness of the need to seek consent and work with people.

- An independent advocate, for two people protected in law under the DoLS, visited every six weeks. They told us they were happy with the care given at the home and that people were safe.

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

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

Ensuring people are well treated and supported; equality and diversity

- People were treated by staff in a kind, gentle and respectful way. For example, a person came downstairs and their clothes needed adjustment. The staff member said, "Let me help you get straight." and gently supported the person.
- Staff interacted well with each person. There was a description of what a good day looked like for each person, which helped staff focus on making each person happier in their individual way. A healthcare professional told us, "People are happy, well cared for and content."
- Throughout the day staff supported people in a calm way, and ensured each person received attention and were occupied.
- People's individual characteristics and backgrounds were respected. One person who enjoyed attending church was supported to do so.

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

- People's communication needs were understood. There was a communication guide in place for each person. One person could communicate verbally, but often said things out of context. The guide advised staff to continue to show an interest and we saw this happening throughout the day.
- Another staff member told us how they understood a person who was non-verbal. They used some sign language, pictures and by their actions such as putting their coat on to indicate they wanted to go outside.
- Staff involved people in decisions. One staff member helped a person making sandwiches. They told us, "I show [person] the choice of bread and different fillings and they choose themselves."

Respecting and promoting people's privacy, dignity and independence

- People were given their space and privacy and were free to spend time alone in their room when they chose to do so.
- People were encouraged to do things for themselves. One person was asked to take their plate to the kitchen after eating. Staff gave them encouragement to do this and praised the person when they responded. Other people had been actively involved in doing the shopping and brought the food into the kitchen. One staff member said, "People join in tasks around the home....like a family would."
- One person's advocate said it was, "Good that people's independence is promoted. They suggested that this could be taken further, "To give people a sense of pride in themselves and the home."

Is the service responsive?

Our findings

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

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 received personalised care that was responsive to their needs. People's care plans contained the information staff needed to give individual care. This included people's key relationships mapped out, their preferences for activities they enjoyed and background information that helped staff understand and communicate with each person.
- Each person had an activity plan in place that was based on how they liked to spend their time. For example, one person preferred their own company or one to one time with staff. Another person enjoyed going out and when at home liked to do art work with support. They told us, "I like what I do here."
- People had opportunities to go out of the home every day and we saw there was coming and going during the day which seemed natural. The range of community activities was being improved by the registered manager. One professional praised the way that, "The staff encourage people to go out."
- There were 'active participation plans' in place for each person with the goals that had been agreed with them. For example, one person was being encouraged to put their own socks each day, and to take any ironed clothes back upstairs. Staff gave people reminders and recorded what each person did.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy and process in place. This stated that the provider aimed to resolve complaints quickly, within 24 hours. If an investigation was needed this would be done within 15 working days.
- There had not been any recent complaints at the service. The registered manager maintained contact with people's designated advocates and any living relatives to discuss any concerns as they arose.
- People's non-verbal communication, change in mood or behaviour was recorded daily. Staff would pick up quickly on anything that upset them and act to ensure people were happy with their care and in the home.

End of life care and support

- The service had not been required to care for anyone at end of life. End of life plans had been developed for some people, with the involvement of one relative and social services. One person's plan gave guidance about how to involve the right services and ensure that the support offered should be, "Individual and delivered with compassion."
- The registered manager had updated care plans recently and was aware that there was some further work to ensure everyone had an end of life plan in place.

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.

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; and how the provider understands and acts on duty of candour responsibility

- The registered manager had come to lead this care home several months ago. They told us, "I want people to have opportunities to go out and lead a full a life and to stay healthy for as long as possible." They were promoting a culture where the focus was improving the service and people's lives.
- Staff told us that the registered manager had encouraged them to think about how much they did for people, rather than with them. Now people were enabled to take part in more tasks and activities around the home.
- We observed that there was a good relationship between the staff and with the registered manager. One staff member told us, "We communicate with each other, we work together."
- The service had informed the CQC of significant events including safeguarding concerns. Staff had access to a whistle blowing policy which we saw was displayed on the notice board.

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

- The provider had standards in place that promoted good quality care. There was an internal performance and quality monitoring system in place which looked at how the service met care regulations and addressed any risks. The registered manager was expected to either undertake, or receive a review from another manager, every three months.
- There was evidence that mandatory health and safety checks were being done to ensure the environment was safe for people to live in, for example water temperatures, window safety and fire test. There were weekly safety checks conducted on the vehicle that people were transported in.

Continuous learning and improving care

- A regional manager conducted the quality audit six monthly and the provider quality team undertook an annual review. There had been several improvements made since the registered manager had come to the home. For example, an increase in the range of community activities being accessed by people and the care plans had all been updated. An action plan was in place with progress noted, and any remaining issues were being addressed.
- It was difficult to recruit new care staff from the local community. The provider was using different methods including social media and local outlets. The registered manager also recognised the need to retain current staff, some who were experienced, by providing them with new development opportunities.

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

characteristics

- People were involved in how things were done within the home day to day. Each person had a keyworker whose responsibility it was to feedback any concerns or changes in the person and promote their interests. The registered manager said, "We are taking small steps to empower people more and give them new experiences."
- Staff were engaged with the team and service. One staff member said, "The manager is very good...will listen and support us." Monthly team meetings were held where ideas could be explored.

Working in partnership with others

- There was an awareness by staff that people's needs were changing, and there was evidence of strong relationships with specialist teams and healthcare professionals.
- The provider had signed up to a campaign to stop the overuse of medicines with people with learning difficulties. As a result, people's medicines were reviewed with the GP and specialist nurse and staff had learnt about best practice.
- The registered manager was engaging with the Surrey Care Forum and hoped to access face to face training for the staff.
- The service had made good links with a local evening club for people with a learning disability to extend the range of social activities for some people. The registered manager was looking for other resources and events that would benefit people and support them as part of the community.
- The registered manager ensured staff were kept in touch with the organisational news and provider updates and had set up a system for sharing information.