

Voyage 1 Limited

Milverton Road

Inspection report

6 Milverton Road
Willesden
London
NW6 7AS

Tel: 02084591140
Website: www.voyagecare.com

Date of inspection visit:
04 December 2019

Date of publication:
08 January 2020

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

6 Milverton Road is a residential care home providing personal care and accommodation to six people with a learning disability and physical disability. 6 Milverton Road is in Willesden Northwest London close to shops and local amenities. During the day of our inspection 6 Milverton Road had no vacancies.

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.

People's experience of using this service and what we found

People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and understood what to do to safely support people. People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors. Staff members followed effective infection prevention and control procedures. When risks to people's health and welfare were identified, the provider acted to minimise the likelihood of occurrence.

The provider supported staff in providing effective care for people through person-centred care planning, training, and supervision. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet. The environment where people lived suited their individual needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this.

People received help and support from a kind and compassionate staff team with whom they had positive relationships. People were supported by staff members who were aware of their individual protected characteristics such as age and gender. People were supported to develop their independence and to set achievable goals in life.

People participated in a range of activities that met their individual choices and preferences and that they found interesting and stimulating. People were provided with information in a way that they could understand. Policies and guidelines important to people were provided in an easy to read format with pictures to aid their understanding. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

The provider had effective systems to monitor the quality of the service they provided and to drive improvements where needed. The provider and management team had good links with the local

community which people benefited from.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 8 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Milverton 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector

Service and service type

6 Milverton 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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about 6 Milverton Road since the last inspection. We viewed notifications the provider had sent us. A notification is information the provider must send us if people who used the service had accidents or if there had been safeguarding concerns. On this occasion we did not request the provider to complete a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

People in the home had learning disabilities and could not always communicate with us and tell us what they thought about the home. We therefore spent time on the inspection observing the experience of people and their care. We also observed how staff interacted with people and the support they provided. During the inspection we spoke with five staff this included the registered manager and area manager.

We reviewed a range of records. This included two peoples care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives and sought feedback from three health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ Relatives told us that their relatives were safe and well looked after. One relative told us, "The staff are very good, and they make sure [name] is safe and doesn't get hurt or injured."
- ☐ Staff had received training in safeguarding adults and told us that if they saw or heard something they would go and talk to the manager or deputy manager. They also told us that the provider had a whistle blowing procedure, which ensured they could report anything anonymously. One member of staff told us, "If there is anything out of the ordinary, I would tell [managers name], but I can also contact the CQC or social services."

Assessing risk, safety monitoring and management

- ☐ People had a variety of detailed risk assessments and risk management plans in their care files. The risk management plans were combined with the care plan and a traffic light system was used to assess and highlight the severity of the risk. Red the highest risk and green the lowest risk.
- ☐ One relative told us, "We have meetings with the staff and talk about what can go wrong and how [name] can be made safe. That is very good."
- ☐ Risk assessments and risk management plans were reviewed periodically. One member of staff told us, "We review risk assessments every six month, however, if anything is changing this is done much earlier."

Staffing and recruitment

- ☐ Since our last inspection the provider had recruited several new staff and had stopped using agency staff, except in an emergency, for example, to cover unforeseen illness. Staff told us that there were enough staff on duty. One member of staff told us, "Staffing is very good and since [managers name] started he has increased the staff in morning, which really helps."
- ☐ The provider adhered to a safe recruitment procedure, which ensured that only staff which were safe to work with vulnerable adults were appointed. All new prospective staff must provide a criminal records check, two references and other information to prove their identity and their right to work in the United Kingdom.

Using medicines safely

- ☐ People who used the service received their medicines safely. Staff had received medicines administration training and their competency assessed before they were able to administer medicines. One member of staff told us, "We have regular medicines training and the deputy manager is observing us and we have to do a test, before we can administer meds on our own."
- ☐ Medicines administration records (MARs) were of good standard and had no gaps. Regular audits were carried out to ensure that medicines were administered and stored safely, and records were of good

standard.

Preventing and controlling infection

- The service adhered to safe infection control and prevention practice. Staff had received infection control training as well as food hygiene training.
- We observed staff using gloves and additional protective clothing such as aprons when supporting people or preparing food where there could be a risk of the spreading of infection. One relative told us, "I can say one thing, whenever I visit, it is always clean and tidy and never smells badly."

Learning lessons when things go wrong

- Staff told us that they would record any accidents and incidents. Records viewed confirmed this. The registered manager collected information from any accidents and incidents and assessed if there were any trends or similarities between the events. This helped the service to put safeguards in place and reduce the risk of similar incidences happening in the future.
- We also saw that incidents were discussed with staff during their supervisions and during regular team-meetings to discuss if improvements could be made and accidents and incidents can be reduced.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- ☐ The service ensured that people's needs were assessed in detail prior being admitted to 6 Milverton Road.
- ☐ Information gathered during the assessment process formed part of people's care plan were used in the formulation of people's care plan. Relatives told us that they had been involved in planning people's care plans. Where family hasn't been available people had access to an independent advocacy scheme to ensure that they were heard, and their needs were assessed and met.

Staff support: induction, training, skills and experience

- ☐ Staff told us that they found it easy to access training offered by the provider. One member of staff told us, "We have plenty of training and it is easy to do, we have a laptop which is only used for training, but not all training is computer based some training is in the classroom. I find the training very useful." Staff had received training in the management of challenging behaviour, food hygiene, health and safety and safeguarding vulnerable adults.
- ☐ New members of staff received a thorough induction which was in line with the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- ☐ We saw that staff received formal support from their line manager in form of one to one supervisions and annual performance reviews to reflect on the past year and agree development for the coming year.

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

- ☐ People who used the service were offered a well-balanced, healthy and nutritious diet. Meals were freshly cooked daily by staff. A pictorial menu enabled people to choose and develop their menu.
- ☐ Where people had specific dietary needs, this was clearly documented in people's care plans and we observed staff supporting people to eat by adapting to their speed and not rushing people to eat. One relative said, "I never tried the food, but it always looks appetizing when I have been there."

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

- ☐ People had access to different health professionals when they needed them and were supported by staff to attend health care appointments.
- ☐ People had guidance in their care plans, which could be used when they visited various health care professionals or if they were admitted to hospital. This ensured that consistency was maintained, and people received the appropriate health and social care support in case of a hospital admission.
- ☐ The service worked in partnership with community health professionals and other multi-disciplinary team

members, to achieve good health and wellbeing outcomes for people. For example, speech and language assessments and guidance provided helped staff to provide food appropriately to people if they were unable to chew or swallow food.

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

- ☐ 6 Milverton Road was adapted in accordance with people's needs. Appropriate equipment was provided to ensure people received effective and safe care. Rooms had well maintained ceiling hoists and assisted bathroom facilities were available.
- ☐ The registered manager showed us the plans of the new kitchen which was planned to be fitted before the end of January 2020, this was depending on contractor's availability. The new kitchen took into consideration that people who used the service had mobility problems and had adjustable worktops to allow people an easier access and for them to take a greater part in the preparation of meals.
- ☐ Peoples rooms were nicely decorated and were personalised to their own individual likes and cultural identity.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- ☐ The service was working together with people and stakeholders around best interest decisions in line with the MCA.
- ☐ Appropriate mental capacity assessments and relevant DoLS applications to the placing authority had been completed.
- ☐ Staff checked with people for their consent before providing care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ Relatives told us that their relative was well treated and told us that staff were 'kind', 'caring' and 'friendly'. One relative told us, "The [staff] know people very well and show a real interest in their lives. We are very happy with care [name] receives. Another relative told "They understand [name] has a different religion and do cater for this very well." We saw that people were supported to access their chosen place of worship.
- ☐ Staff told us that they had received equality and diversity training and training records viewed conformed this. One staff member told us, "I would treat everyone the same I want to be treated and this is with respect and as an individual."

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

- ☐ People had limited verbal communication skills and staff relied on interpreting people's gestures and facial expression. This was well documented in people's care records. Staff told us that they would always give people a choice. One staff member said, "In the morning we put different cereal boxes on the table and the people we support point to it, or when getting dressed I always put two outfits for them to choose."
- ☐ Relatives told us that they were consulted and asked to contribute to the care provided. Where people didn't have any family to advocate on their behalf people who used the service had access to an independent local advocacy service who visited people regularly.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff gave us practical examples of how they ensured people's privacy, dignity and independence. One member of staff told us, "I would always ask people what they want, cover them up when I help them to get dressed, never enter their room without knocking and let them do the things they can do on their own. Observations made during our inspection conformed this. For example, during dinner instead of cleaning the food away from a person's mouth, we saw staff giving the person a napkin and encouraging the person to wipe their mouth on their own.
- ☐ We also saw that people had improved in their personal hygiene and were more mobile since our last inspection. One staff said that, "It took a long time for one person to trust us with their personal hygiene, but we kept at it and look at the person now."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- ☐ Due to people's complex needs they had limited involvement in the planning of their care. However, wherever possible staff sat down with people and explained the care plan and used pictures or symbols to help people to better understand what their care plan entailed.
- ☐ The service also consulted with relatives and advocates to plan people's care. One relative told us, "We are always invited to the care plan review, but the staff do call us regularly and update us of any changes."
- ☐ Care plans viewed were of good standard and reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included what was important to them.
- ☐ We saw people's care and support plans were reviewed to account for any personal or health changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- ☐ The registered manager demonstrated good understanding of the AIS. The provider had translated a wide range of policies and procedure in a format suitable for people's needs and level of understanding.
- ☐ The registered manager had recently purchased a speaking picture book, which used spoken word in conjunction with pictures to make it easier to understand and accessible for people who used the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- ☐ People who used the service were offered a range of individual and group activity. We observed one such group activity, the music session, which was arranged weekly. We could see from people's facial expressions and their engagement how much they enjoyed the session. People had regular visits from a physiotherapist and records showed that people access the local community frequently.
- ☐ People also accessed a local day centre for more structured activities, but also to meet and make friends.
- ☐ The service had access to transport, which was shared with another local home managed by provider. The registered manager and area manager explained to us, that 6b Milverton Road was currently discussing with the local authority to source additional funding with the view of having a vehicle for sole use. The registered manager told us, "This would mean we are more flexible, and it will be easier for people to go out."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in written and pictorial form available. Since our last inspection 6 Milverton Road did not receive any complaints.
- Relatives told us that they would talk to the manager if they had any concerns, but also said that everything is fine and that they were happy with everything at 6 Milverton Road.
- Staff told us that they would welcome complaints. One staff member said, "A complaint is not a criticism, it is a way for us to find out how we can improve things."

End of life care and support

- 6 Milverton Road does not provide end of life care. The registered manager told us that he had started to have discussions with relatives and advocates about peoples end of life wishes, but also said that this is a very difficult topic for people and may be take a long time to be concluded.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- ☐ The registered manager and the staff team had a strong focus on making continuous improvements to the service people received. For example, since our last inspection the service had arranged to have the kitchen refurbished and the registered manager had introduced equipment to engage people in communication.
- ☐ Relatives spoke highly of the registered manager and told us about many improvements made since they started in post. Comments included, "[Manager name] is very good and he has made changes, for example [name] is going out more."
- ☐ Staff were motivated, spoke positively and felt well supported. It was clear they had excellent relationships with the registered manager. One member of staff told us, "Since [name of registered manager] has started, we work much better as a team and the morale is much better."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- ☐ All staff spoken with were clear about their roles and responsibilities. Clear guidance was provided by the management team, supported by regularly updated policies and procedures.
- ☐ The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.
- ☐ Systems were in place to monitor and evaluate the quality of the service provided. Regular audits were undertaken that included care records, medicines management, health and safety and staff recruitment.
- ☐ Improvement plans were developed where areas for development or improvement were identified. The improvement plans included monitoring of changes implemented following our last inspection, to make sure the improvements were being sustained.

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

- ☐ Relatives confirmed they were provided with questionnaires from the provider to rate how well the service performed.
- ☐ The registered manager said the company sent questionnaires to people in the home, which they were supported to complete with the help of their relative or independent advocate.
- ☐ Staff felt supported by the newly registered manager and management team. One staff member said,

"The manager is very good, and you can speak to him anytime."

- The registered provider ensured that procedures were in place to deal with emergencies and we viewed the business continuity plan and Brexit plan. The plans ensured that the service was able to deal and respond to unforeseen emergencies such as flooding, fire, medicines or food shortage.

Continuous learning and improving care; Working in partnership with others

- Staff were working in partnership with key stakeholders to achieve positive outcomes for people. One member of staff told us, "We would contact social services or other professionals to help us improving the service for the people we support."
- The provider held regular meetings with all registered managers, so they could share best practice and any lessons learnt from recent issues and events. One staff member told us, "We have team meeting every month to discuss the people we support, but also talk about things we can do better."