

# Voyage 1 Limited

# Flambard Road

## Inspection report

46 Flambard Road  
Harrow  
Harrow  
HA1 2NA

Tel: 020 8907 5896

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

Date of inspection visit: 16/12/2014

Date of publication: 09/03/2015

### 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 

### Overall summary

This inspection took place on 12th and 16th December 2014 and was unannounced.

During our last inspection on 19th November 2013 the provider had met all the legal requirements. .

Flambard Road is a care home for people with learning disabilities. It can accommodate up to seven people. During the day of our inspection the home had no vacancies. People living at Flambard Road have a learning disability; Some people are able to communicate verbally, while others communicate by pointing, nodding, facial expressions and gestures.

The service has a registered manager. 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.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

# Summary of findings

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely and staff received training in the safe administration of medicines.

The Registered Manager had been trained to understand when a standard application of Deprivation of Liberty Safeguards (DoLS) should be made, and in how to submit one. We found the location to be meeting the requirements of the DoLS. They exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. 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 correct way.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained information setting out exactly how each person should be supported to ensure

their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. We observed staff having good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

A wide range of activities were provided both in-house and in the community. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to maintain contact with friends and family.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager which included action planning. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

# 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 safe. Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There was enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were managed and administered safely and staff received training in the safe storage, administration and disposal of medicines.

Good



### Is the service effective?

The service was effective. Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

Good



### Is the service caring?

The service was caring. People told us they were happy with the care and support they received and their needs had been met. It was evident from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



### Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's care plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to in a timely manner and people were given information on how to make a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well led. The systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff were clear about the standards expected of them and told us their manager was available for advice and support.

Regular quality checks ensured that quality of care was monitored and improvements were made if required.

Good



# Flambard 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.

This inspection took place on 12th and 16th December 2014 and was unannounced.

A single inspector carried out this inspection.

We spent some time observing care in the dining room and lounge to help us understand the experience of people who used the service. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's support plans and spoke with five people who used the service.

Before our inspection, we reviewed all the information we held about the home and the provider.

On the day of our inspection, we spoke with five people who used the service, five members of staff, the registered manager, the operations manager and two relatives.

# Is the service safe?

## Our findings

People told us they felt safe at Flambard Road. Comments included “I feel perfectly safe, I would report issues to staff and they will help me to sort it out” and “I am absolutely safe here staff always looks out for me and other residents.” We also spoke to relatives if they thought their relative was safe. One relative told us “Staff are very good here; they look out for [my relative] and make sure she is ok.” Another relative said “They invite us to discuss any changes in care.” We asked one person if the home had enough staff “Sometimes I have to wait a little, but usually there are a lot of staff around.”

Staff understood how to recognise potential abuse and how to report their concerns. Staff members gave examples of the possible signs of abuse and correctly explained the procedure to follow if they had any concerns. Staff told us, and training records confirmed, they had completed training on safeguarding adults within the last two years, and they were aware of the provider’s policy on safeguarding. No safeguarding alerts had been received in the last year.

We spoke with the registered manager and other staff about how they protected people from the possibility of discrimination. The registered manager told us and we saw from records that people were asked questions about any cultural or other requirements they might have. The manager told us and care workers confirmed that they had access to local religious leaders when they wished. Staff was aware of other services, for example, specialist food shops to meet people’s religious needs if this would be required.

There were detailed risk assessments included within people’s records and these determined people’s skills in everyday tasks and how the service could promote these. For example, we saw assessments of people’s behaviours which included detailed instructions about help people might need and how to respond to people appropriately prior to the behaviour escalating and becoming difficult to manage.

Risk assessments were based on people’s individual needs and lifestyle choices and included actions for staff to reduce or prevent the risk. We found risks to individuals were managed appropriately in accordance with written guidance. Risk assessments covered generic risks, which

included those relating to the person’s physical health, but also specific risks relating to the individual person. We saw detailed risk assessments were completed in relation to one person’s recent change to their physical health, which impacted on the person’s mobility. We found that these assessments included detailed targets with timeframes, which were intended to aid the person’s recovery. Some risk assessments were updated when risks or needs had changed and others were updated every three months with the targets reviewed.

Staff received annual first aid training. They were able to explain how they would respond to a medical emergency which included making correct records of any accidents or incidents. We looked at records that had been made of previous incidents and saw that these were recorded appropriately with clear instructions for further actions to be taken and by whom. Care staff told us all accidents and incidents were discussed in team meetings to identify any further learning. The registered manager told us that accidents and incidents were monitored by a specific department in the organisation’s head office. They monitored accidents and incidents to identify any trends or lessons learned.

People told us there were enough staff available to meet their needs. Comments included, “There is staff around all the time”, “There’s always someone around when I need them” and “There’s enough staff here.” Staff told us that there were enough of them available for people. We spoke with the registered manager about numbers of staff. They explained that they assessed people’s dependency when determining staffing numbers and if people’s needs changed, they would respond by scheduling additional staff. We reviewed the staffing rota for the week of our inspection. We saw staff were working as scheduled.

We looked at three staff files and we saw there was a process for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Enhanced criminal record checks were carried out to confirm that newly recruited staff were suitable to work with vulnerable people.

Safe practices for administering and storing medicines were followed. There was a monitored dosage system for medicines for each person. A tray of weekly medicines were pre-dispensed into sealed pots for named individuals by the local pharmacy. Medicines were stored safely in a

## Is the service safe?

locked cupboard. Copies of prescription forms were kept with the medicines administration record (MAR) charts to enable staff to check the correct medicines were being given to people.

We checked the MAR charts for three people in the previous week and for the day of our inspection. We saw these had been fully completed. Daily records were completed by the person administering medicines and we saw these were countersigned by a second person. We also saw records which showed that medicines were counted and signed for by staff members at each handover. We counted the medicines for three people and saw that the numbers tallied with the records kept.

We saw records of monthly medicines audits being carried out by the registered manager. This included checks of medicines stock, whether medicine was stored appropriately as well as a room temperature check, which was recorded and showed medicine was stored within a safe temperature.

All staff had completed medicines administration training within the last year and this included a test of their competency. When we spoke to with staff, they were knowledgeable about how to correctly store and administer medicines as well as which records they kept.

# Is the service effective?

## Our findings

Relatives told us “Staff here are very experienced, a few years ago they had huge staff turnover. This is no longer the case and staff worked here for a number of years. This is good they know the residents very well.” We asked people who used the service about the meals provided. One person told us “We meet once a week to discuss the menu and staff cooks for us, the food is very good, sometimes they have too much vegetable.”

We looked at staff training records, which showed the training undertaken by staff. This showed that all staff had completed training such as equality and diversity, safeguarding, Mental Capacity Act (MCA) 2005, medicines awareness, risk management and manual handling. We also saw that some staff had completed additional training, which was specific to their role. For example, we saw some members of staff had completed training in epilepsy. Staff told us and records reflected that they had completed an induction prior to starting work within the organisation. Staff members told us they felt the induction prepared them for their role. The majority of training provided over the EL-box, which staff can access electronically. EL-box is a computerised system for staff to access training, it also allows the manager to monitor and assess the training needs of care staff.

Care staff told us they had received supervision in the last two months and we saw records to confirm this. As part of this supervision, staff were asked about any further learning or development needs, as well as a discussion of other topics. We also saw that care staff were provided with an annual appraisal to reflect on performance and discuss further development with their supervisor.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. 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 correct way. We found that the service had policies and procedures in place that ensured staff had guidance if they needed to apply for a DoLS authorisation to restrict a person's liberty in their best interests. Senior staff had been trained to

understand when an application should be made. At the time of our inspection there was one DoLS authorisation in place and care staff told us that they were aware of this and knew how to follow it appropriately.

We found that the service was meeting the requirements of the MCA 2005. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent and how they would support people who lacked the capacity to make specific decisions. We saw records of mental capacity assessments in people's files for specific decisions. We found that these were properly formatted in accordance with the requirements of the MCA.

We saw additional records to indicate that people's consent had been properly obtained in matters that were not specifically covered by the MCA. For example, we saw a document signed by people who used service in their files to indicate that consent to discuss healthcare information had been sought. We also saw records to indicate that some people had their finances managed by an appointee at the local authority. We saw records to indicate that staff discussed people's financial arrangements with them regularly as part of a care plan review meeting.

People's behaviour that challenged the service was managed in a way that maintained their safety and protected their rights. Staff showed they understood how to respond to people's behaviour and we saw examples of specific advice for staff within people's care records. We were given examples of people's challenging behaviour as well as the techniques used to manage these. Staff had received training in the pro-active management of challenging behaviour.

People were supported to eat a balanced diet that they enjoyed. People made positive comments about the quality of food provided. Comments included “[staff] make sure I'm healthy and eat good food,” “the food is good,” and “they know what food I like.” People's records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Staff told us and people confirmed they helped people to go shopping and cook their meals and provided them with guidance about what was suitable to meet their dietary needs. Care staff demonstrated detailed knowledge about people's nutritional requirements and we were given examples of the type of food people were required to eat. For example, people who had swallowing difficulties or



## Is the service effective?

people who required a specific diet due to Diabetes. We saw evidence in people's care records that dieticians were consulted when required. A multi-disciplinary team monitored people's needs and advice was recorded.

People were supported to maintain good health and had access to healthcare services and support. Care records identified people's healthcare needs which included

matters such as psychiatry, hospital consultations and stays and other specific health problems. Staff told us and records confirmed that the service had good links with the local GP surgery and the local learning disabilities service. We also saw evidence that people's medicines were reviewed by their GP and other health practitioners, where required, to monitor appropriate use.

# Is the service caring?

## Our findings

We asked people who used the service if care staff cared and treated them with respect. One person told us “Staff are very caring, I get on well with them” another person told us “Staff will always knock on my door before they come on. If I am not happy with staff I will talk to the manager.” Relatives we spoke with echoed people’s views and told us “Staff are excellent and very caring; they couldn’t do more for our relative.” We spoke with people if they had opportunities to talk about the care provided. One person told us “We have residents meetings every Sunday, where we talk about the food, activities and the menu”.

Staff showed good understanding of people’s life histories. For example, one member of staff was able to tell us about the childhood and family lives of two people living at the service. The staff member demonstrated an understanding of the significant events in people’s lives.

Staff understood people’s diverse needs and supported them in a caring way. For example, people told us that they were supported by care staff to go to their chosen place of worship every weekend. While other people were supported to follow their favourite football time on television. We asked the person if the person watched a match in the stadium. The person told us “No, I don’t like too many people, but I watch it on the TV.”

Staff knew how to respond to people’s needs in a way that promoted their individual preferences and choice. Care plans recorded people’s likes and dislikes. For example, their preferred diet, if they wished to have same gender care and their personal care support needs. We saw evidence throughout our visit that people’s personal preferences were respected.

People were involved in decisions about their care. One person said, “Staff helps me with what I need,” and another person said “They do what I want.” We saw evidence in care planning records that people were involved in making decisions about their own care. For example, all care

planning records were written from the person’s perspective with extensive comments from the person about the type of care they wanted. We saw a one page personal profile included in people’s records which provided information of the person’s life history, likes and dislikes, people significant in their life’s and wishes for the future.

The registered manager told us, and care staff confirmed, they had access to advocacy services they could contact when required. The registered manager told us that members of advocacy services had come to the service to provide information so staff could contact them if they were needed. At the time of our inspection, no one at the service was using an advocate.

People’s privacy and dignity was respected and promoted. People told us “I have my own room. I have privacy when I want” and another person told us “they [staff] respect me”.

We observed staff knocking on people’s doors before they entered and people confirmed that staff did this routinely. Staff gave us examples of how they protected people’s dignity. For example, one staff member gave us examples about how they delivered personal care. They told us “I always check what help they need first and do what they ask me.”

People told us that staff encouraged them to maintain relationships with their friends and family and to be as independent as possible. Comments included “I can go out when I want and do what I want” and another person told us “I can do what I like. I don’t have visitors, but could if I wanted.” One relative told us “We speak to our relative regularly, we receive a phone call every weekend, sometimes our relative does not want to talk to us, staff would tell us then what happened during the week.” The registered manager and care staff told us, which people had family members involved in their care and referred to them by name. We saw details of discussions with family members recorded in people’s care records.

# Is the service responsive?

## Our findings

We asked people about their participation in their care plans. People told us “I have a key worker and we talk about my care plan and I tell her what I want.” We also asked people about making complaints. People said “If I am not happy with something I will tell my key worker or the manager and they will sort it all out for me. I have no complaints. I had in the past some problems with someone else living here and the manager sorted it out for me.” One relative told us “We had some issues a long time ago, but they are now resolved. If I had a complaint I would call the manager to resolve it for me.”

Care records showed people's views were taken into account in the assessment of their needs and planning of care. We found these documents to be detailed with specific advice to staff in how to provide care for people. We also found the documents had been reviewed at monthly review meetings and during which people's objectives were also looked at. Care plans had been written and reviewed with the involvement of people who used the service and their families.

Care plans outlined how people's needs should be met. This included, for example, factors that might affect their emotional wellbeing and mental health. Details were recorded about people's preferred routines and their likes

and dislikes. Care staff demonstrated a sound understanding of people's individual needs and the importance of meeting these. The person's key worker reviewed care plans monthly with the person using the service.

People who used the service were supported to engage in a range of activities that reflected their personal interests and supported their emotional wellbeing. Care records described people's hobbies and interests and this included the music they liked listening to as well as whether they liked any particular activities. People's involvement in activities was monitored and recorded in their care records with specific objectives for people to help ensure their social and leisure needs were met.

People knew how to make a complaint and told us they felt confident their concerns would be dealt with. People we spoke with told us they had never had any complaints, but all gave us the name of a person they would speak to if they did. Copies of the complaints policy were available in the service in an easy read format. The registered manager told us this was available on request and we saw a copy of this. Records showed that action had been taken to address complaints that had been made. We were told by the registered manager that complaints were reviewed by staff at the provider's head office to look for trends or identify any further learning points.

# Is the service well-led?

## Our findings

People told us “The manager is around almost every day and is very easy to talk to.” Relatives told us “The manager is excellent, he always contacts us to tell us if there are any problems or issues with our relative. He is the best manager since our relative is at Flambard Road.” Staff told us “The manager is approachable, easy to talk to and helps me to sort out problems.” Another member of staff who recently started said to us “This is a great team, everybody helps each other.”

Staff gave us feedback indicating that they were proud to work at the service and that they valued the empowerment of people using the service. They told us they felt supported in their roles and that the registered manager was approachable and worked with them to resolve any concerns they had. We saw records of communication from the management team to staff that valued staff contributions, for example, for helping someone to attend a health appointment that involved changes to people’s routines. Staff meeting minutes demonstrated that whilst there was a culture of support for staff, clear performance expectations were set when the provider identified shortfalls in how the service was ensuring the safety and welfare of people using the service. The meetings also recorded staff views, which demonstrated their high expectations for the care and support of people. The registered manager told us of monitoring staff members’ abilities to work effectively with each person who used the service.

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 were 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.