

Voyage 1 Limited

26 St Barnabas Road

## Inspection report

Emmer Green  
Reading  
Berkshire  
RG4 8RA

Tel: 01189461775  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
27 January 2017  
31 January 2017

Date of publication:  
22 March 2017

## 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

This inspection took place on 27 and 31 January 2017. This was an unannounced inspection completed by one inspector.

The home provides a residential service to people with a primary diagnosis of learning disabilities with a secondary health related issue. The service was operating at full occupancy with six males, some of whom have been at the service since it has opened. Registered to provide accommodation for persons who require nursing or personal care, the home aims to support people to maintain their independence and increase their skills.

The home is required to have a registered manager. A registered manager was in place, who was employed under 12 months. 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.

At the previous inspection in March 2016 we found that the service needed to make improvements in the areas of safe, responsive and well-led. During this inspection we noted that the provider had made the necessary improvements in these areas.

The provider's recruitment processes were robust ensuring appropriate people were employed at the service.

Communication with people had improved and was reflected in their activity and menu choices.

The registered manager had delegated many duties, freeing up time to complete monthly audits and review all paperwork related to the service.

Staff were aware of the necessity to report abuse or any safeguarding concerns if these were observed. Training records indicated that staff had undertaken all company mandatory training, and were rebooked on all refresher courses as required. Competency checks were completed to ensure staff were able to understand both theory and practice of the training received.

People were supported with their medicines by suitably trained, qualified and experienced staff. Medicines were managed safely and securely by using a monitored dosage system. This reduces the possibility of medicine error. Where a person required medicine on an as needed basis, guidance was available for staff to ensure this was appropriately administered. The Medication Administration Record (MAR) sheets showed that there had been no medicine errors and that as required medicines were not administered too frequently.

We observed good caring practice by the staff. People who could not make specific decisions for themselves had their legal rights protected. People's care plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in the person's best interests. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty.

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.

People were provided support by a staff team who knew them well. Care plans and health care documents were reflective of people's care needs.

The quality of the service was monitored regularly by the provider, and the operations manager. A thorough quality assurance audit was completed quarterly with an action plan being generated, and followed up on during identified timescales. Feedback was encouraged from people, visitors and stakeholders, with responses provided by the manager on how changes had been actioned.

## 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.

Appropriate recruitment processes had been used to establish the suitability of staff working at the service.

All medicines were securely kept. Advice was appropriately sought and actioned by health professionals.

Risk assessments for activities were appropriate.

There were enough staff to support people safely.

### Is the service effective?

Good ●

The service was effective.

People were provided with effective care.

People were given choices about what foods they would like to eat, with information being provided in their chosen form of communication.

A comprehensive induction process had been developed by the service. This included shadowing staff, completing company mandatory training and competency checks prior to lone working.

Staff received regular training, and were offered refresher courses as training was due to expire. Supervision was frequent and effective.

Staff generally understood the principles of the Mental Capacity Act 2005 (MCA), and where appropriate made best interest decisions on behalf of people following the MCA and the Deprivation of Liberty Safeguards guidelines. This was continually discussed in team meetings.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and dignity, maintaining their privacy and enhancing independence where possible.

Key worker sessions were completed; with written evidence of this in key working meetings

Records were maintained securely.

### Is the service responsive?

Good ●

The service was responsive.

Documented care plans were up to date and accurately reflective of people's needs.

Activity plans were accurate and reflected what people wanted to do. People were engaged on activities on both days of the inspection.

People's needs were assessed prior to them moving to the service. Any person wanting to move to the service was assessed and consideration was given how they would get along with other residents.

A complaints procedure was in place. People and staff were confident to make a complaint, and knew how this should be dealt with.

### Is the service well-led?

Good ●

The service was well led.

Audits were completed by the manager, reviewing all documents with action plans being generated. The manager was well supported by peers and the area manager.

Staff reported that the registered manager was approachable and offered guidance. The atmosphere in the office was open and welcoming.

Feedback surveys from staff and people were completed and analysed. These were actioned as required.

# 26 St Barnabas 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 comprehensive inspection took place on 27 and 31 January 2017. The inspection was unannounced and was completed by one inspector.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service.

During the inspection we spoke with four members of staff, including the two care support workers on shift, the registered manager and the regional operations manager. We spoke with two people who use the service and one relative. Observations were completed during the course of both days of the inspection, focusing on the interaction of people with one another and with the staff team, through both verbal and nonverbal communication.

Care plans, health records, medication records and additional documentation relevant to support were seen for three people who reside at the service. In addition, a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and monthly audits were viewed. Staff recruitment and supervision records for three of the staff were reviewed, including one member of staff who had just commenced employment.

# Is the service safe?

## Our findings

At the inspection completed in March 2016, we found that not all staff had full recruitment checks completed prior to commencing employment. There were gaps in employment that were neither explored nor explained. References for people had not been received in some instances, whilst other examples included insufficient evidence of a Disclosure and Barring Service check (DBS). A DBS allows potential employers to establish whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. At this inspection improvements had been made to the recruitment process to make it robust. References had been obtained for all staff to illustrate the suitability of their behaviour whilst they were working in their previous role. Full employment histories were obtained for all staff. This included explanation of any gaps in employment or education history. Evidence of a DBS check was recorded and kept on file. All the obligatory information required by the regulation was in place.

The inspection completed in March 2016, evidenced in one instance that appropriate sign off had not been received by a medically qualified practitioner for the administration of specialist medicines. At this inspection we saw that the guidance had now been agreed with the GP and signed off accordingly. The medicines were stored safely in a locked medicine cabinet. All medicines were supplied by a local pharmacy, using the monitored dosage system (MDS). The MDS prevents over-ordering and minimises wastage of medicines, as medicines are prepacked into relevant doses for each time of administration. Each time any medicine was administered these were signed and dated on the medication administration record (MAR) sheet. Audits of the MAR sheets were carried out by a medicine champion and then rechecked by the registered manager monthly, to ensure that all medicines had been safely administered to people.

People reported that they felt safe at the service. One person said, "Oh, yeah I'm definitely safe here", when asked how they felt they were kept safe, they said, "because of all the paperwork they do on me", referring to the risk assessments. These were regularly reviewed in concurrence with the care plan. These aimed at allowing people to complete activities that they enjoyed doing whilst trying to minimise the potential risk that may present. For example, one person enjoyed going out specifically to shops to buy things. To prevent over spending a risk assessment was written about how much the person should take with them on a daily basis. The budget prevented the person from spending too much, but also aimed to teaching the person how to look after their finances.

People were provided with support from staff that had a comprehensive understanding of safeguarding and whistleblowing procedures. Staff were able to describe the different types and signs of potential abuse. Training records showed all staff had undertaken training in safeguarding people against abuse, and this was regularly refreshed. Visual aids were in place within the office to reinforce the safeguarding protocol and how this was to be implemented should the need arise. Staff reported that they would whistle blow if they were not satisfied with the outcome of a concern they had raised with the registered manager.

Each person was kept safe in the home by having their own personal emergency evacuation plan. These highlighted what course of action staff would need to take if there was an emergency, for example in a fire. In addition drills were regularly undertaken to ensure that both staff and people were familiar with the

procedure in such an event. Fire equipment was regularly checked to ensure it was safe to use. A contingency plan had been prepared for staff to follow should an emergency occur resulting in the building needing evacuation. This detailed alternative accommodation and contact details for staff and professionals to call in case of the emergency. All maintenance safety checks were up to date. For example: hoists, fire equipment, lighting, window restrictors.

Incident and accidents were monitored, by the registered manager and by the wider organisation. Computerised systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents occurring.

Consistent staff provided support to people. Where required company bank staff were used, or staff from sister homes. Regular agency staff were used as a last resort only. Rotas for the last six weeks were checked and showed that familiar and sufficient staff were working to keep people safe.

The home was well presented and tidy. Personal protective equipment such as gloves and aprons were readily available for staff to use as required. Colour coded systems for cleaning products and kitchen equipment was visible throughout the home. The home was rated a 5 (very good) in the local authority food hygiene rating scheme. We found on the first day of the inspection bathrooms did not contain toilet rolls, soaps or hand towels. We discussed this with the registered manager, and by day two of the inspection, systems had been put into place for regular staff checks to be completed to ensure these were in place. This therefore meant the home had taken all the relevant precautions to reduce the risk of cross contamination.



## Is the service effective?

### Our findings

At our last inspection we found that people were not always able to eat foods of their choice. Menus were not prepared in advance to help people make an effective decision related to what they would like to eat, or what food would be available. This meant that the food shopping was not being done in line with people's food preferences. At this inspection we found that the registered manager had introduced menu plans. These were available for people in both written and pictorial format to enable them to make choice effectively. People we spoke with said "the food is good, I get to eat what I want." Another person said, "I go into the kitchen and do it myself".

People's health care needs were met. Care records contained evidence of all visits to or from health professionals including the GP, optician and dentist. And advice or information given was noted within the documents for staff to follow up on.

People's rights to make their own decisions, were protected. Staff had received training in the Mental Capacity Act 2005, and were able to describe the Act. This was also regularly discussed in team meetings to ensure that people were always in the forefront of making decisions related to their care, as much as possible. The 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 who can make their own decisions 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The requirements of the DoLS were being met. Staff were able to describe why people had a DoLS authorisation and the implications for caring for them. Where best interest decisions had been made, records indicated that these were appropriately done. For example, security was an area where people had decisions made for them. Records indicated the people involved in making the decision, and why this was required.

People were cared for by a team of staff who received a comprehensive induction programme, in line with the Care Certificate. This included completion of the provider's mandatory training and additional training that would be supportive to their role. Where training had an element of manual handling, staff were tested and observed prior to being signed off as competent. Before commencing work they shadowed experienced staff until they felt confident to work independently. The training matrix showed that 100% of all required and suggested training had been completed or was booked. An IT system was used by the home that alerted the manager one month in advance to when training was due to expire. This was effective in ensuring that staff knowledge and skills were continually updated. We saw evidence of competency checks completed for different training through test records. The registered manager told us that topics were discussed in team meetings. This was an effective way to ensure that staff knowledge remained up to date. Quizzes, discussions in team meetings, supervisions and observational sign off were used where applicable.

We found that if a topic was not fully understood, this was repeated at the next team meeting, until staff felt confident in the principles.

Regular supervision was provided to staff. This was an effective way to ensure that staff and the registered manager had the opportunity to discuss their job role in relation to areas needing support or improvement, as well as areas where staff excelled. Staff also received annual appraisals. These were specifically target focussed, allowing both the registered manager and staff to look at areas to help develop their role. For example, one staff wanted to receive specific training to help them with key working a person with particular needs. This was sourced and provided as required.

# Is the service caring?

## Our findings

At the last inspection we found that house meetings were not held. Rather people were encouraged to sit in on staff meetings. This was not always appropriate as operational issues were discussed, and people did not have the opportunity to raise any issues that they felt were important. At this inspection we found that house meetings were arranged and attended monthly. We saw the minutes of these and found that people were given the opportunity to discuss activities, menus and household issues. In addition team meetings were held independent of these and allowed operational matters to be discussed.

People were cared for by a staff team that respected and maintained their privacy and dignity. During the inspection we observed staff discreetly check with people if they wished assistance with personal care. If required bathrooms were checked after people used them, to ensure they were clean for the next person. Staff did this respectfully, allowing the person to maintain their independence whilst using the bathroom. People reported that staff would "knock before they come in [into bedrooms]", "always ask before helping me". The home further emphasised the importance of respecting people's dignity, by having a dignity champion. This member of staff would discuss this area at team meetings, and offer reflective practice to others upon observation. A dignity charter was on display identifying how staff should work to ensure this was maintained.

People were encouraged to gain independence and strive towards achieving this. One person lived in the community prior to moving to the home. Staff ensured that they maintained as much independence as possible, encouraging them to do things for themselves and accessing the community, where appropriate. We were told "They tell me to do things for myself like I used to... If I need help they help me".

People told us that staff "know me", and "help me". Staff reported that people's needs were discussed in team meetings, and they were told if amendments had been made to care plans as required, prior to the review. Staff would then read the care plan and sign to say they had done this. This meant that they were up to date with any changes to people's needs and could care for them in the most appropriate way.

A key worker system had been implemented within the service. This meant that the person was able to speak to one member of staff who held primary responsibility for their files. This ensured that all documentation related to their care was in line with their needs and how they wished to have a service delivered. Care plans reflected this, for example we found that these were written in the first person, with "I would like staff to help me with..." The care plans were reviewed by the registered manager and the key worker collectively. These were updated and signed by staff to indicate that they had been read.

People were encouraged to have advocates. Advocates help people to access services, be involved in decisions about care, explore choices and most importantly defend and promote rights and responsibilities. The people that had advocates made certain that the needs of the individual and their best interests were at the heart of everything related to their care.

All documentation related to people were kept securely to maintain confidentiality. Staff spoke respectfully

to and about people. If they needed to update each other on issues they would speak discreetly in the office. One person would often follow staff. They would gently encourage the person to leave, reassuring them that they would speak with them once they had finished, if the need of the person was not urgent.

## Is the service responsive?

### Our findings

At our inspection in March 2016 we found that the service was not always person centred in relation to activities. These were neither specific to people's needs nor reflective of their choice. We had found people sleeping on the sofa, sitting alone doing nothing or sitting with staff who were completing paperwork. At this inspection we found the service had improved significantly in this area. On both the first and second day of the inspection, people were predominantly out engaging in individualised activities. Plans for people in relation to activities were specific to meet their needs, and based on their personal preferences. People said that, "I go out and do activities that I enjoy". A relative said that the service offered specific activities that the person enjoyed. They said they had seen an improvement in "the outings, and how they [the person and others] enjoy themselves more". The activity timetable was presented in both written text and in a pictorial format for people. This meant that the service was responsive to people's individual communication needs, providing them with the information in the most appropriate format for them. This was also true for menus and food choices. Photo cards were used to help people make an informed choice of what food was available to eat.

People had their needs assessed prior to them moving into the service. At the time of the last inspection the home had one vacancy, this had been filled at this inspection. The home had ensured that the person had an opportunity to visit the service and people who lived there prior to the move. People told us that they were consulted with prior to the person moving in. This allowed the service to ensure everyone was compatible, and a new person would not create any disruption to the dynamics of the group.

Each person's bedroom had been decorated differently in response to their wishes. People had individualised rooms with many personal items. People were consulted prior to decorating and chose colour schemes and items that complemented their individual taste, and individuality. This allowed people to be involved in the way the home was decorated, giving it a personal feel. A wet room had been created for one person on the ground floor. This enabled them to independently use the bathroom. At this inspection we found that this bathroom was also being used by other people. Some behavioural issues meant at times the bathroom was not always available. The registered manager assured us that a referral to the in house behaviour specialist would be made to resolve these issues.

Each person had a one page portrait created that was held on the front of their file. It provided concise details on what was important to the person and how they liked things done. This was updated as required and referred to by staff needing a quick update on the needs of people.

Information on how to make a complaint was displayed within the service for people to see and refer to as needed. Both people and staff told us they were aware of how to make a complaint. The complaints log was reviewed, and we found that no complaints had been made since the last inspection. We asked the registered manager how a complaint would be dealt with. We were told that the process would be entirely transparent. The complainant would be told of the outcome of the investigation and kept up to date during the process. The registered manager also, raised the concept of the Duty of Candour and applying its principles to complaints wanting to ensure people were apologised to for their complaint. She recognised

that this was not notifiable as was not related to safety incidents. . People and staff we spoke to said they were confident that the registered manager would appropriately deal with any complaints should these arise.

## Is the service well-led?

### Our findings

At the last inspection we found that there were issues with the governance of the service. The registered manager did not delegate duties, often trying to complete all tasks. Due to this it often meant that tasks were not appropriately completed, leading to the registered manager not picking up on discrepancies in documentation. At this inspection we found that the registered manager had delegated duties to staff within the team, whilst keeping an overview. The registered manager completed audits monthly to check that the service was operating in line with requirements. An IT system was used by the manager that would alert her to which audit was due to be completed, so that she could complete this task. The home was further audited quarterly by other managers within the group. The additional overview produced an action plan for the registered manager to complete with timescale. The format used was reflective of CQC lines of enquiry in domains safe, effective, caring, responsive and well-led, and therefore aimed to ensure that all legal requirements were being met.

Family, relative, stakeholder and staff surveys were completed by the registered manager. The data collected from this was used to formulate a report or an action plan. This was then actioned as required with a timeline. The registered manager was implementing a program of providing updates on what changes had been fulfilled, and when the outstanding actions would be completed by.

Staff reported that the registered manager had ensured the open door policy remained a prominent feature of the home. This allowed people and staff to approach her about anything that they may wish to discuss. It also meant that the manager was able to observe staff practice and interaction with people. One person told us that the registered manager was "nice and caring", whilst a member of staff stated, "she listens to what you have to say, and gives good advice... very approachable".

The communication within the service was good. Staff were kept abreast of any operational changes or things related to people through shift handover, communications book and monthly team meetings. Any issues which needed to be discussed in more depth would be covered in these. Staff also stated that they could approach the registered manager to discuss issues. One member of staff said, "She's open... she has a lot of experience that we can tap into." People further supported this, with "She's very good, she talks to us and makes us feel welcome [in the office]". All documentation that had any information related to people were kept securely in the office, or in a cabinet in the communal area.

We found there to be good management and leadership. The registered manager was supported by a strong management team, including peer managers and the area manager. The service further was offered guidance from in house behaviour specialists and clinicians with people who needed additional support. This was beneficial to staff as it gave them direction of how to best care for people.