

Voyage 1 Limited

351 Maidstone Road

## Inspection report

351 Maidstone Road  
Wigmore  
Gillingham  
Kent  
ME8 0HU

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30 March 2017

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 30 March 2017 and was an unannounced inspection.

351 Maidstone Road is part of a group of homes called Voyage 1 Limited and is registered to provide residential care for a maximum of seven people with a learning disability. At the time of our inspection, four people lived in the home who had learning disabilities, autism and some with limited verbal communication abilities. People were supported to be independent and involved in the way the service was run.

At the last Care Quality Commission (CQC) inspection on 04 June 2015, the service was rated overall Good and Requires Improvement in 'Safe' domain.

We carried out an unannounced comprehensive inspection of this service on 04 June 2015. We found a breach of legal requirements. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 13 of the Health and Social Care Act Regulated Activities Regulations 2014, Safeguarding service users from abuse and improper treatment. The provider told us they would meet the regulation by September 2015.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 351 Maidstone Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The service had improved since the last inspection. Potential risks to people were identified and there was detailed guidance for staff to manage risks to keep people as safe as possible.

Staff knew how to recognise and respond to abuse. Accidents and incidents were recorded and analysed to recognise any trends and stop them from reoccurring.

There were enough staff on duty to keep people safe and give them the care and support that they needed.

Staff were recruited safely, checks were made to ensure they were of good character and had the necessary skills and experience to support people effectively.

People received their medicines safely and when they needed them.

Further information is in the detailed findings below.

## 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

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage risks.

Staff had received training and knew how to recognise and respond to different types of abuse.

There was enough staff to keep people safe. Staff were recruited safely.

Medicines were managed safely.

# 351 Maidstone 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 checked 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.

We undertook an unannounced focused inspection of 351 Maidstone Road on 30 March 2017. This inspection was carried out to check that improvements to meet legal requirements after our 04 June 2015 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service Safe? This is because the service was previously not meeting a legal requirement. This inspection was carried out by one inspector.

Prior to the inspection we reviewed other information we held about the service, we looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During our inspection, we spoke with two people, and we observed care and support in communal areas as some people were not able to verbally communicate their experiences. We spoke with one support worker, one senior support worker and the registered manager. We contacted other health and social care professionals to gain their views about the home. These included community nurses, doctors, speech and language therapist, local authority care managers and commissioners of services.

We asked the registered manager to send additional information after the inspection visit, which included the training record and annual service review. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

At our last comprehensive inspection on 04 June 2015 we found that the provider failed to ensure that people were safe from identified risks relating to the management of behaviour. We asked the provider to take action to address the issues. The provider sent us an action plan which detailed that they would meet the regulation by September 2015.

One person said, "Yes, I am safe here. I like it here and feel supported". Another person said, "I feel looked after and feel safe here". We observed that people felt safe in the home. People were carefully supported to ensure they were safe. We saw that people were at ease with staff.

Since our last inspection, records showed that people were protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviours that other people may find challenging. As well as having a good understanding of people's behaviours, staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. Assessments covered risks related to travelling in a vehicle, risk of self-harm, accessing the community, mobility and nutrition. Staff followed set guidelines for people who had the potential of self-harm and harm to others. For example, one person who needed more support while out in the community had plans in place such as 'one to one' support to help the staff keep them safe when out in the community. People had individual care plans that also contained risk assessments which identified risk to people's health, well-being and safety. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe. We saw they had been reviewed regularly and when circumstances had changed. Staff demonstrated to us that they knew the support needs of the people at the home, and we observed support being delivered as planned.

Records showed that incidents and accidents were monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance system. This record showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly.

Staff had a good understanding of the different types of abuse and how they would report it. They told us about the safeguarding training they had received and how they put it into practice. Staff were able to tell us what they would report and how they would do so. They were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff had access to the provider's safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Training files showed safeguarding training had been attended. There were notices displayed regarding abuse and how to report it, with contact numbers for the local authority safeguarding team and the Care Quality Commission (CQC). Staff told us that they felt

confident in whistleblowing (telling someone) if they had any concerns. The provider also had information about whistleblowing on a notice board for people who used the service, and staff.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. There was a system of regular audit checks of medicine administration records (MAR) and regular checks of stock. We completed a stock check of medicine which was boxed, this was correct. We checked two people's medicine records. These contained information and a photograph of the person and of the medicine they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited at every administration. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

There were suitable numbers of staff to care for people safely and meet their needs. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. The registered manager said that if a member of staff telephones in sick, the staff in charge would contact other homes nearby to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us that the roster is based on the needs of people. Staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP). This meant that people who could find it impossible or difficult to quickly evacuate from the home for safety in the event of fire or other emergencies, would be able to receive appropriate support during an evacuation. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment had been reviewed. Fire equipment was checked weekly and emergency lighting monthly.

There was a plan for staff to use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.