

Voyage 1 Limited

Voyage 1 Limited - 694 Pinner Road

Inspection report

694 Pinner Road
Pinner
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Voyage 694 Pinner Road is registered to provide personal care and accommodation for eight people with a learning disability and autistic people. During the day of our inspection the service provided care and support to seven people.

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

People's medicines were managed safely. However, we made a recommendation for the provider to seek further guidance around updating people's medicines care plans and systems when receiving and acting on medicine alerts. Although there was no evidence of poor management of medicines, these improvements would overall provide greater protection to people who received help with taking their medicines. Following the inspection, we received evidence the provider was acting to ensure sound medicines management was practised so that relevant policies and procedures were followed.

People were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks to people. Risks had been identified, assessed and reviewed. Care workers knew how to identify and report concerns. They had been recruited safely and showed good knowledge and skills in relevant areas including medicines administration and infection control. They demonstrated dignity, respect and compassion in interactions with people.

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 practice.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were supported to develop skills in order to do things as independently as possible. There was a structure to support a values-led culture. Notably, there was a strong emphasis on inclusion and creating opportunities for people to participate in ordinary activities and improving their personal dignity.

Right Care

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 practice. The service used positive behaviour support approach, which was opposed to restrictive practices.

Right culture

Pinner Road has an open culture enabling people to make informed and safe choices about their lives. Care staff engaged and respected people's decisions. Relatives spoke positively about Pinner Road and told us that they liked it to be a small home which had a family like atmosphere.

The provider had a range of quality assurance processes, including systems necessary to maintain safe environments. The registered manager and the deputy manager ensured policies and procedures met current legislation and were up to date. Relatives told us they were asked of their views about the quality of the service.

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

Rating at last inspection and update –

The last rating for this service was good (report published 3 March 2020)

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. The inspection was prompted in part due to concerns received around unsafe treatment of people, poor management of medicines and people's needs around eating and drinking not being met. A decision was made for us to undertake a focused inspection to review the key questions of safe, effective, responsive and well-led only.

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?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-Led findings below.

Good ●

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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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Pinner Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Care Quality Commission (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 CQC. 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. Not all people were able to communicate verbally with us. We looked at these people's care by reading their care and communication plans and speaking to staff or relatives and the person themselves.

We spoke with six members of staff including the registered manager, deputy manager, senior carer and care staff.

We reviewed a range of records. This included two people's care records. We reviewed medicine administration records and medicine related care plans for six people living at the home. We reviewed medicines management policies and procedures in place at the home. 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 one professional who regularly visit the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed..

Using medicines safely

- Overall medicines were managed safely and while we made a recommendation during our inspection, we had received information and evidence immediately after our site visit that these had been addressed and resolved.
- Medicines were stored securely and within the required temperature range for medicines that required refrigeration or storage below a particular temperature. Unused medicines were recorded and returned to the supplying pharmacy for disposal.
- The staff gave medicines prescribed to people and recorded this on the medicine administration records (MAR). Two members of staff always signed the MAR to record administration of medicines. There were no gaps in the MARs we reviewed which provided assurance medicines were being given as prescribed.
- People's medicines were reviewed by clinicians from the local GP practice to monitor the effects of medicines on their health and wellbeing.
- Staff used the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment.
- There was a process in place to report and investigate medicines related errors and incidents.
- The service had enough staff, who knew the people and had received relevant training to keep them safe.
- We viewed six medicine care plans and found that one of them did not have up to date and accurate information related to medicines prescribed to this person. For example, the medicines care plan had not been reviewed since October 2018 and for three care plans the address of the pharmacy supplying the medicines had not been updated. We found this had no impact on people not receiving the correct medicines prescribed, we raised this with the registered manager and received information after the visit to the service that this had all been resolved.
- The process in place to receive and act on medicine alerts was not always robust. There was a process in place to receive the alerts. However, during the inspection we could not verify if the alerts were being actioned in a timely manner as required.

We recommend that the service seeks current up to date guidance in reviewing and updating medicines care plans and responded to medicines alerts.

- There was a policy in place for medicines management. However, staff members did not always follow it. For example, the staff did not have photographs or medicine profiles for people living at the home as per the provider's policy.

Systems and processes to safeguard people from the risk of abuse

- The service had robust systems and processes to ensure people who used the service were protected from harm and abuse.
- Care staff had received training in safeguarding people from abuse and demonstrated clear understanding

of how and whom they would report any issues they see and hear to. One member of staff told us, "I would report anything which concerns me to the senior on shift or [registered manager]. I am confident that this would be dealt with and if not, I can contact the operation manger, the CQC or social services."

- We also asked staff if they had currently any concerns of abuse and were told that there were and are no issues at Pinner Road.
- We spoke with relatives and they told us that their loved once were safe and well looked after at Pinner Road. One relative told us, "Yes I think so. When I saw my relative at the beginning of the month, he looked good, no sign of abuse or unhappy."

Assessing risk, safety monitoring and management

- Risk in relation to providing care and support to people who used the service were assessed and managed robustly.
- Risk assessments viewed were detailed and covered a wide range of potential risks such as access to the community, personal care and behaviours that challenge the service.
- Relatives told us that they were consulted and involved. One relative said, 'They do discuss things with me. They [staff] know her very well. She never had an accident. There was a step going into her bedroom and they made it into a slope.'
- People who display behaviours that challenge the service had been assessed by the in-house behaviour intervention team and an agreed behaviour intervention plan (BIP) was developed to minimise such behaviours. BIP's had a strong focus on understanding the behaviours and understanding the triggers which may lead to a person behaving in a certain way. This could be to the people having difficulties to communicating and expressing their needs by displaying behaviours that challenge the service.
- Staff had received training around how to manage behaviour and had received regular Management of Actual or Potential Aggression (MAPA) training. MAPA training is one of the behaviour management training options available for staff. It provides strategies and skills to safely respond to anxious, hostile or violent behaviour.
- We found no evidence that the service used physical or chemical restraints to manage behaviours that challenge the service. For example, medicines care plans did not document any medicines used for chemical restraint and staff, relatives and people did not tell us that people were physically restrained..

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out, including at least two references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.
- The service recently experienced some staffing shortages but successfully recruited new staff. We were also informed that further staff had been appointed pending appropriate recruitment checks. This will result in the service being fully staffed once these staff commence employment. As a result of this fewer temporary staff will be used and people who used the service can expect more consistency in staff supporting their needs.
- Relatives told us that they never experienced shortages of staff when they visited. One relative said, "Same staff stay, there is an established staff group. She has a good relationship with staff. I don't believe she will get the same love and care from anywhere else."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting Care Homes

- There were no restrictions on people welcoming visitors to their home and provider was following currently published visiting guidance by the Department of Health and Social Care.

Learning lessons when things go wrong

- The service had systems and processes to monitor and assess accidents and incidents.
- Accidents and incidents were documented and analysed monthly to assess trends and patterns. This had helped the service to reduce incidents and make improvements to the care provided to people who used the service.
- Over the past twelve months there had been three accidents and incidents. These had been documented in detail and also discussed with the staff team during team meetings to ensure lessons were learned.

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

- People's needs were assessed as part of their admission and throughout their stay at Pinner Road, this ensured that the service was meeting people's complex needs. For example this helped staff to support people consistently around their communication, behaviours that challenge the service and activities they liked to take part in.
- Prior to deciding if people want to live and choose Pinner Road as their home a number of trial visits were arranged. This helped people to make up their mind and provided the base line information for the staff to ensure the service is suitable for people and can meet their needs.
- During their stay at Pinner Road people's needs were continuously assessed and information gathered during these assessments formed part of people's care plans and risk assessments.
- One person told us, "I visited this place before I moved in and had lunch and dinner."

Staff support: induction, training, skills and experience

- Staff were offered a wide range of training as part of their induction and ongoing development.
- Staff accessed online training which included safeguarding adults, medicines administration, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) as part of their induction and annual refreshers or when the training has expired.
- Staff were provided with special training around people with learning disabilities and autistic people. This provided the staff with the right skills to support people around various health care conditions. Staff had also received additional training to ensure they have the right skill to support people who had epilepsy or diabetes.
- Training records showed that there had been a high completion of the training provided and staff spoke positively about the training they had received. One staff member told us, "There is a lot of training available and it is very useful and helpful for my own development."
- Staff had received regular one to one supervision with their line manager and regular annual appraisal to discuss their development and feedback on the service and the care they provided to people who used the service.

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

- People were provided a home cooked, healthy and balanced diet.
- We arrived early in the morning and saw that the breakfast table was laid, with a choice of drinks, juices and breakfast cereals.
- People had breakfast at different times and were able to eat together or on their own if they chose.
- During the day we observed that people were offered drinks and snacks and were able to access the

kitchen independently.

- People were able to choose their meals, the service had pictures and photos of different meals which had been used to plan the menu and helped people to make a better choice of what they wanted to eat.
- People who required help to eat or required their food prepared in a different form due to health conditions were supported appropriately. The service sought independent advice from clinicians if people had specific dietary needs or required their weight to be monitored and managed. Relatives spoke highly of the meals and food offered to people. One relative said, "The food is superb, my relative's dietary needs are met, the food is very healthy. Staff cook from scratch."

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

- Pinner Road is a well maintained, designed and decorated home.
- Pinner Road is a large building which had been extended to meet people's needs. People who require wheelchair access were accommodated on the ground floor.
- Since our last inspection the service had been redecorated. The registered manager told us that people were involved in choosing the colours. For example, the fireplace in the dining area was painted in the colours of one person's favourite football team.
- During a recent visit undertaken by the local safeguarding team it was highlighted that some areas of the home were cold. Since this visit the service had serviced the heating system which made the home more comfortable for people during colder days.
- We discussed with the registered manager that some armchairs in the lounge required attention and should be replaced to ensure they can be cleaned properly and were more comfortable for people to sit on. The registered manager advised us that he would discuss this with his line manager and replace soft furnishing in the lounge.

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

- People's health needs were met. The management and staff were knowledgeable of people's physical and mental health needs. They knew when to seek specialist input and how to obtain it. People's support plans identified their needs and input from a range of professionals, including GP, speech and language therapists and occupational therapists.
 - Each person was registered with a GP and had an annual health check. An annual health check provides an important means for routinely checking the general health status of adults with learning disabilities.
 - Each person had a health action plan (HAP) that was reviewed regularly. Each HAP included as a minimum a health checklist, including COVID 19 vaccination, health professional contacts and details of medication and other treatments.
 - Therefore, apart from meeting people's needs, the service also showed an understanding of a conceivable link between unmet physical or mental health needs and behaviours that challenge.
- Relatives confirmed that people's health care needs were met. One relative said, "My relative has quite a few health problems, they [staff] really take care of her extremely well."

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.

- Staff had received training in DoLS and MCA. They told us that they cannot deprive people of their liberty and that people like every citizen were able to make a choice of what they want to and where they want to live. One member of staff said, "I will always ask people what they want to do and if they are happy with the care, I give them. If people can't talk, I would observe them and look out for facial or physical gestures.
- People who required support with making decisions had support from their relatives or had access to an independent advocate to help them making decisions about their live and care.
- People who used the service had appropriate DoLS authorisations in place and a spreadsheet informed the registered manager when they were due for renewal. This ensured nobody was unlawful deprived of their liberty.

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

- People who used the service had detailed person centred care plans.
- People received person centred care. Support plans showed people, and where applicable, their relatives had been involved in the planning process. This had ensured staff delivered care in a way that met people's needs. One relative told us, "The staff and manager know what my expectations are, we have informal discussions and a formal review of the care plan, we communicate regularly."
- People's care files contained meaningful information that identified their abilities and support needs. This ensured staff were knowledgeable about people's individual needs and preferences. Staff could describe to us how people liked to be supported.
- There were arrangements to make sure staff were informed about any changes in people's needs. Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. This ensured people received personalised care.

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.

- Staff told us that they used different forms of communicating with people. They told us that this depended on their abilities and were tailored towards the individual's communication skills. One member of care staff told us, "Most people do understand us, but with some people we have to speak slowly and with others we use pictures and symbols."
- Relatives told us that staff communicated well with people. One relative said, Staff use Makaton my relative uses speech, the staff know my relative well and understand my relative which is important."

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 in regular contact with their families and took an active part in the community. People who used the service had access to an independent advocacy scheme if they chose an advocate to support them.
- During our inspection we observed people to access the community for walks and shopping trips. People told us that they played football in the park and had been to watch their favourite football team recently.
- We observed people being offered in-house activities which included Karaoke and table-top activities.
- The service was visited regularly by an external music therapist, which people said they enjoyed.

- People took part in cultural events which included St Patricks day celebrations and Diwali.
- One person told us, "I like to go to the pub on Friday's."

Improving care quality in response to complaints or concerns

- Concerns and complaints raised by people who used the service and their relatives were taken seriously and acted upon.
- The provider had a robust complaints procedure in place. Over the past twelve month the service did not receive any formal complaints. However, we saw that concerns raised by families or people who used the service had been responded to in a timely manner.
- Relatives spoke with raised no complaints or concerns with us. One relative said, "I have no complaints and I am 100% happy with the care [name] receives. If I had any issues I would talk to the manager."

End of life care and support

- None of the people receiving care was on end of life care. However, end of life care was covered in people's care plans. The registered manager explained that he would ensure that all care staff received the training and support that they needed to provide people with end of life care if the need arose.

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

- People who used the service received person centred care and the culture within the service was found to be open and people were supported to gain greater independence.
- We observed people accessing their home freely and they were supported and encouraged to take part in household activities such as cleaning their room, washing their laundry and setting the table.
- Care staff spoke positively about the team, management support and overall culture at Pinner Road. One member of staff said, "Pinner Road is a good place to work. We make sure people we support are safe and well looked after."

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

- The leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other issues.
- During recent whistleblowing concerns raised, the management team of the service was supportive in providing evidence and transparent during the ongoing investigation.

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

- The service had a clear management structure consisting of the head of operations, operations manager, registered manager and the deputy. Staff were well informed of their roles and reporting structures.
- The registered manager and the deputy were passionate and committed to providing quality care. They were knowledgeable about regulatory requirements and issues relating to the quality of the service. They were receptive to our feedback relating to arrangements of managing people's medicines, which they immediately acted on.
- There were quality assurance systems to assess and monitor the quality of the service. One of those was an accidents and incidents system to check for a common cause, trend of incidents and learning points.
- The registered manager had a sense of responsibility. There were systems in place to assess, monitor and check the quality of the service provided to people. Checks had been carried out on people's care records, staff training, safeguarding, health and safety and infection control. This helped monitor the performance of staff and the quality of the service provided to people.
- People and their relatives told us the service was well-managed. They described the managers in complimentary terms. A relative told us, "I am happy with my relative being at Pinner Road it's a small

family like home. The manager [name] is very good, talkative and does always listen to what I have to say."

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

- Care staff spoke in complimentary terms about the registered manager and deputy manager. A member of staff told us, "Pinner Road is well managed. [Name] is calm, supportive and listens to any suggestions I make to improve the service we deliver to the people here."
- The provider told us they will be reviewing their systems of engaging staff, including surveys, meetings and recognition schemes, to identify where value could be added.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. For example, we saw that people were supported to go to their chosen place of worship, people who had mobility issues were provided with suitable equipment and access and menus reflected peoples cultural background.

Continuous learning and improving care; Working in partnership with others

- Care staff and the management had access to a wide range of training. The deputy manager had recently signed up for further training in management which had been highlighted during a recent monitoring visit by the local authority.
- There was evidence the service maintained a good working relationship with all health and care services to enable multi-disciplinary teamwork. The registered manager and the deputy knew when to seek professional input and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, behaviour management teams and district nurses. There was also ongoing work with the local authority.