

Voyage 1 Limited

# Wellington House

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Wellington House is a residential care home providing accommodation and personal care for up to 10 people. People living at the service had a learning disabilities and some people had additional mental health needs. There were 10 people living at the service at the time of the inspection.

Each person had their own bedroom and one person had a flat within the main building. The communal areas included a lounge and lounge/diner.

### People's experience of using this service

People continued to be supported by sufficient numbers of staff. The provider had assessed safe minimum staffing levels in the event that there was a reduction in staff available. Staff were recruited safely and checked to ensure they were suitable to work at the service.

Staff knew how to recognise and protect people from harm or abuse. They were aware of the safeguarding procedures and who to report to if they had any concerns. They were clear about whistle blowing procedures and were confident they would use them if they needed to.

Risks associated with people's care continued to be assessed and measures were in place to reduce the risks so people could lead their lives in a way they wanted. Accidents and incidents were recorded and analysed to look for patterns or trends and adjust people's care and support to ensure they were as safe as they could be.

People were supported to take their medicines as prescribed by their doctor. They were encouraged to take their medicines as independently as they could.

The registered manager had been in post since March 2020 and had experienced a challenging time due to the pandemic. The registered manager was open and honest about things that could have gone better and lessons learned. There had been a change in the staff team which staff reported had improved the atmosphere in the service. People, the registered manager and staff were relaxed in each other's company.

Checks and audits of the service continued to be robust and any shortfalls were identified and actioned. This ensured the service provided consistent, high quality, personalised care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

We did not review all aspects of Right support, right care, right culture as the inspection only looked at Safe,

and Well-Led. In the areas we covered in the inspection we found the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People's independence was promoted through encouraging people to do things for themselves. People washed and dressed themselves with minimal support. Some people administered some of their medicines and checked their blood sugar levels. Staff took time to explain things to people so they were involved in their care. During the inspection people were treated with dignity and respect. There was clear leadership and values to treat people as equals which was disseminated to the staff team. This could be seen through animated conversations with people and staff and the exchanging of jokes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 19 September 2017).

#### Why we inspected

We received concerns in relation to reporting safeguarding incidents, staffing levels and the overall management of the service. We also looked at infection prevention and control measures as part of CQC's response to care homes with outbreaks of coronavirus. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wellington House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below for each of the domain areas.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below for each of the domain areas.

# Wellington House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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

The inspection was carried out by two inspectors.

#### Service and service type

Wellington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people about their experience of the care provided. We also spoke with five members of staff including the registered manager, a senior care worker, a care worker and the regional manager.

We reviewed a range of records. This included two people's care records and medication records. We also saw a variety of records relating to the management of the service, such as health and safety documents and service audits.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at the recruitment records of three staff, meetings records and additional audits and checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### 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.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to help safeguard people from abuse. Lessons had been learned to ensure relevant parties were informed of all the actions the provider was taking to keep people safe. A log had been introduced to record all actions and communications.
- Staff knew what constituted abuse and poor practice and their knowledge was updated through regular training. They felt confident the registered manager would act on any concerns they raised.
- Staff knew how to whistle-blow (tell someone if they had concerns). They also understood their role in reporting any concerns to external agencies, if they were not acted upon. The contact details for these organisations were available to them.
- People said staff knew them well and that helped them to feel safe. One person told us, "I am happy here and safe."

### Staffing and recruitment

- There were suitable numbers of staff available to support people. People's support needs had been assessed jointly with the local authority that funded each person's care. These staffing hours included support with personal care and also to enable people to go out.
- The provider had a contingency plan which assessed and detailed minimum safe staffing levels. Staffing rotas were planned in advance and any shortfalls covered by existing staff. Agency staff were not being used during the pandemic to ensure there was no spread of infection.
- We saw staff were available to support people. Sometimes staff explained they were unable to immediately respond to a person's request as they otherwise engaged. People understood this and staff supported the person as soon as they were able. This meant a person's request for support was not forgotten or ignored.

- People were supported by staff who had been recruited safely. Checks on new staff included obtaining a person's work references, identity, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

#### Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare continued to be assessed and reviewed. This included risk's when people moved around their home, of refusing treatment, of choking and people's behaviours when they became anxious.
- Guidance was available to staff, so they knew how to support people in the right way. Information was available to staff about how to manage the risks associated with people who had diabetes. Staff knew how to recognise when people with diabetes had too much or too little sugar in their body. When this had occurred staff had followed this guidance and also sought medical advice.
- Some people had limited coping skills which could result in changes to their usual behaviour. Behavioural management plans had been developed for each person, in consultation with the in-house behavioural therapist when needed. This identified any known triggers for staff to look out for and how they should support the person in the most appropriate way.
- Regular checks were made on the environment, utilities and firefighting equipment to make sure it was safe and fit for purpose. Any areas of the home that needed fixing were logged with the maintenance person so they could be addressed.

#### Learning lessons when things go wrong

- There was a culture of learning when things had gone wrong. The management team had reflected on past situations when they could have acted differently. They described the things they had learned and put in place to help minimise the same happening again.
- Staff knew how to respond to and report any accidents and incidents. All significant events were reviewed and analysed by the registered manager and provider. This was so any patterns or trends could be identified and action taken to reduce the chance of the same things from reoccurring.
- Professional advice had been sought when patterns of behaviour had been identified. An occupational therapist had been contacted when a person had had a number of falls. Advice from a behavioural therapist had been given when a person had been involved in a number of similar incidents.
- Lessons learned were shared with the staff team.

#### Using medicines safely

- Medicines were stored, administered and disposed of in accordance with the provider's medicines procedures.
- Medication administration records and medicine stocks were regularly checked to make sure people received all the medicines they had been prescribed.
- People were assessed to identify the support they needed to take their medicines. Some people required staff to give them their medicines and other people self-administrated, which promoted their independence.
- Information was held about how what people's medicines were for and any side effects. Staff followed protocols which directed them when people should be given medicines prescribed as 'only when needed'. There was guidance directing staff to which part of a person's body any topical creams should be applied.



# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality monitoring systems were effective and the registered manager was clear about their roles and responsibilities.
- The registered manager had been in post since March 2020 and had faced a challenging time as this was the start of the pandemic. They were supported by a deputy manager and operations manager.
- There had been a delay in the provider informing us of all significant events that that occurred at the service. This is an area the provider had identified as needing improvement and lessons had been learned. It is important that CQC has a clear overview of all events, such as abuse, serious injuries and deaths, so they can check the provider has taken appropriate action.
- There was a programme of regular checks and audits which highlighted shortfalls in the service so they could be addressed. The regional manager visited the service to check the quality of the service and that necessary improvements had been made.

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

- Staff fed back there had been a positive shift in culture of the service since the appointment of the registered manager. Staff were proud to work for the service. One staff member told us, "I like the way she manages and doesn't take no nonsense. We are working more together as a staff team." Another member of staff said about the registered manager, "She genuinely has time for people."
- The registered manager understood the aims and values of the service to provide personalised care and had disseminated them to the staff team. Staff interviews were competency based to ensure staff shared the organisations values. Staff disciplinary procedures had been followed to ensure only staff who put the services values into action, supported people at the service.
- We observed these values in practice during the inspection. The registered manager had an open-door policy and people came and sat in their office for a chat and reassurance. Staff demonstrated they knew people well and conversations involved sharing jokes and gentle teasing of one another.
- People were mainly positive about the support they received. They said they liked to go out but were unable to at the moment due to Covid-19. Comments included, "The staff are good. They are going with me to the garage to get a coffee on Monday." Another person said, "It is a little bit good living here." One person showed us a picture which had importance to them. It was of the person dancing with a staff member.

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 provider had a duty of candour policy, which outlined how they should respond when something went wrong. During the inspection, the registered manager was open and honest about things that had not gone as well as they could have done. They were developing this culture and values within the staff team.

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

- People were engaged in the service through conversations with their keyworker. These chats covered how the person was feeling, what they thought about their care and any goals they were working towards.
- Staff had explained to people what Covid-19 was and how to keep themselves safe in a way they could understand. People had been engaged and as a result were wearing face masks.
- Annual surveys were sent to all people who used the providers services. Feedback from the last survey in 2019 was that most people felt safe and secure, were given choices and took part in regular community activities.
- Staff felt supported through regular communications, supervision sessions and staff meetings. They said the registered manager was available for guidance and support when they needed it.

Working in partnership with others

- The service continued to work in partnership with others.
- Advice was sought from a range of health and social care professionals. This included community nurses, occupational therapists, behavioural specialist and speech and language therapists.
- People told us how much they enjoyed going out. They were supported to be a part of their local community, using the local shops and facilities.