

# Voyage 1 Limited







# Edgecumbe House

## Inspection report

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### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

This inspection took place on 29 September and was unannounced. The home was previously inspected in October 2013 and the service was meeting the regulations we looked at. The provider name changed in 2014 therefore, this is the first inspection since this change in registration.

Edgecumbe House is a care home for people with learning disabilities, which is registered to accommodate up to 10 people. It is near the city centre of Rotherham and within easy reach of public transport and other community services.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was registered at two locations and there was a deputy manager at this service who also had management responsibilities.

# Summary of findings

People we spoke told us they felt safe living at the service and the staff were considerate.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely.

The Mental Capacity Act 2005 (MCA) includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this.

The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive people of, or restrict their liberty. We found all staff we spoke with were very knowledgeable on the requirements of this legislation and had already assessed people who accessed the services to determine if an application was required.

People's health was monitored and individual risks had been assessed. We spoke with people who used the service, we found people's needs were met by staff who knew them well.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and had an up to date annual appraisal of their work performance.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager was aware of how to respond to a complaint if required, information on how to report complaints was clearly displayed in the service. People we spoke with did not raise any complaints or concerns about the service. Staff and people who used the service who we spoke with told us the registered manager was approachable, there was an open door policy and the service was well led.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans included areas of risk.

Medicines were stored and administered safely. People received medication as prescribed.

There was enough skilled and experienced staff to meet people's care needs.

Good



### Is the service effective?

The service was effective.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act 2005 in protecting people and the importance of involving people in making decisions.

People were supported with their dietary requirements. People's likes and dislikes were recorded and their nutritional needs were met.

The staff training showed that staff received core training necessary to fulfil their roles along with other, relevant training specific to people's needs.

Good



### Is the service caring?

The service was caring

We spoke with people who used the service and staff and it was evident that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding and respect, and took into account people's privacy and dignity.

People told us they were involved in discussions about their care and we saw evidence of this in care files. Staff we spoke with were aware of people's needs and the best way to support them, whilst maintaining their independence.

People who used the service were supported to maintain family relationships and friendships

Good



### Is the service responsive?

The service was responsive

We found staff were very knowledgeable on people's needs and people's needs were being met. People had access to varied activities and hobbies. People also regularly accessed the community with support from staff. Staff supported people in maintaining relationships with their friends and family members

There was a complaints system in place. The complaints procedure was displayed in the home for people who used the service and visitors to access.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

There was a registered manager in post. Who was registered in July 2015. Staff we spoke with felt the service was well led and were supported by the management team who were approachable and listened to them.

We saw various audits had taken place to make sure policies and procedures were being followed.

Accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to.

Good



# Edgecumbe House

## 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.

This inspection took place on 29 September 2015 and was unannounced. The inspection team was made up of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

The provider had not completed a provider information return (PIR). We had not requested one. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

We spent some time with people who used the service talking with them and observing support in the communal areas, this helped us understand the experience of people who used the service. We looked at some other areas of the home including kitchen, lounge, dining room, laundry and gardens. Some people also showed us their rooms. We looked at documents and records that related to people's care, including two people's support plans. We spoke with seven people who used the service and two relatives.

During our inspection we spoke with six care workers and the registered manager. We also looked at records relating to staff, medicines management and the management of the service. Following our inspection we also received information from two health care professionals who support people at the service.

# Is the service safe?

## Our findings

People who used the service told us they felt very safe. One person, who we asked if they felt safe said, “Yes, I am safe.” Another person said, “It is good here, I like the staff.” Another person told us, “I have been here four and a half years, I am really enjoying it. I was at a school before, that was worse. I like the people here all the staff are nice too. I always feel safe here and I am kind to people too.”

Interactions we observed between staff and people were appropriate and inclusive. People were comfortable and happy in the company of staff.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. All staff told us they would report immediately to the manager or the local authority if required if they suspected abuse. Staff were also able to explain different types of abuse and how they would recognise abuse correctly. The training records showed that staff received training in safeguarding people from abuse.

We checked other systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the members of the management team in the home carried out regular audits, which included monitoring and reviewing all safeguarding issues, accidents and incidents. Additionally, we were told that the company had a quality assurance team, which had oversight of all incidents, accidents and near-misses, to make sure that any learning points were identified and shared with the wider staff group.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people’s needs and some people had some hours each week where they received one to one support to meet their personal care needs or accessing the community. However we found this was not adequately recorded. The registered manager acknowledged this and was looking at ways to improve the recording to ensure this was clearly documented. This

would then evidence the hours were carried out to meet people’s needs. Relatives we spoke to told us there was always enough staff on duty. One relative said, “I think that there are enough staff, plenty.”

People’s health was monitored and reviewed as required. People identified as being at risk when going out in the community had up to date risk assessments. During our inspection we saw that people were supported by staff when they went out. We also saw other risks had been assessed for individuals and measures were in place to ensure people’s safety. We saw good approaches to managing risk. For example one person told us, “Sometimes I need one to one support, I use my weekly planner board to work out what I am going to do and what support I need to do it.” This person then showed us their planner board and we saw evidence that the staff team had good procedures in place designed to manage risk and promote a good balance between protection and freedom.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

Medicines were stored safely, at the right temperatures. However, the room thermometer used was not a minimum and maximum thermometer so it did not record the temperatures it reached throughout the day. The registered manager agreed to purchase a suitable thermometer to ensure the room temperature was monitored sufficiently to ensure medicines were kept at the correct temperatures. We saw records were kept for medicines received and administered. We also saw disposal of medicines followed correct procedures.

When we observed people being given their medication we saw staff followed correct procedures. They supported people appropriately to take their medication. Staff were able to explain to us the signs to look for when people were in pain or distressed to ensure they received their prescribed medication when required. We found people had protocols in place for medicine that was prescribed on an ‘as and when required’ basis. These explained how people presented when the medication was required to assist staff in identifying when to administer.

The recruitment procedures ensured the required employment checks were undertaken for new staff. The registered manager told us that staff did not commence

## Is the service safe?

work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a staff recruitment system. The registered manager told us that pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We looked at six staff files and found they had all the required information and reflected the recruitment process.

We found all new staff were subject to a probationary period and during this period had received regular supervision. Staff records we saw showed staff had received supervision in line with policies. Staff we spoke with also confirmed they had received regular supervisions and support.

Before our inspection, we asked the local authority commissioners for their opinion of the service. Officers told us they had positive experiences, staff understood people's needs and predominantly people's needs were met. One health care professional told us, "Edgecumbe house has made a great deal of progress with regards to managing people's behaviour, staff have implemented strategies suggested by myself and will contact me with any questions should they be unsure of anything."

# Is the service effective?

## Our findings

People we spoke with told us staff respected their choices and decisions. One person told us, “Staff are always there to help me.”

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The DoLS requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Most staff we spoke with were aware of the legal requirements and how this applied in practice. The registered manager was aware of the new guidance and had already reviewed people who used the service. Applications had been submitted and some people had a DoLS in place and all the appropriate requirements were followed.

We saw evidence that decisions were made following best practice guidance where a person who used the service lacked capacity to make a certain decision. However we found no evidence that the arrangements in place regarding people’s finances and that they had followed the correct legal procedure in order to have this authority over people’s personal finances. The registered manager had identified this and told us she would contact the providers finance team and then liaise with families to ensure best interest meeting were carried out. These would involve appropriate people including with people who use the service and their representatives. This would then evidence the management of their finances was appropriate.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people’s records and found they had received support from healthcare

professionals when required. Relatives told us they were kept informed or any concerns and medical advice and support was always sought. One relative told us, “(my relative) visits the doctors, we are always kept informed, but he is in great health.” Another relative said, “(my relative) has an annual health check.”

We identified that some people who used the service could at times present with behaviour that may challenge. We found systems in place to address this and meet people’s needs. Relatives we spoke with told us staff managed this aspect very well. One relative told us they were pleased with the way that their relative’s behaviour had been managed since they had lived at Edgumbe House. They said, “(my relative) is boisterous, they can wind people up but no serious problems have ever occurred.”

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included managing challenging behaviour, infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported. We saw training records that confirmed staff had attended training. We also saw records that staff had received regular supervision and all staff told us they felt supported by the registered manager.

People’s nutritional needs had been assessed and people’s needs in relation to nutrition were documented in their plans of care. We saw people’s likes, dislikes and any allergies had also been recorded. People we spoke with said they enjoyed the meals and helped with shopping and cooking. They also told us they were happy with the food and drink being provided. One person said, “I like the food, sometimes I pick what I want.” During our visit at different times we observed two people who used the service preparing a meal for themselves. This was with support from staff. Both people and the staff were clearly enjoying the experience. One person showed us a box of ‘easy read menu cards’ which, were used to show the staff what food and drink was requested.



## Is the service effective?

We discussed meals with the registered manager. They said, "We have no cook, weekly menus are produced and people who live here and their staff prepare food. There is always free access to the kitchen."

When we spoke to people's relatives by telephone, we asked about the food and drink and was told, "(my relative)

has a great appetite, they have plenty to eat and drink. We visit them a lot when we take them out in our car then come back to Edgumbe House they leap out of the car because he is happy to go back in and eat his meal." Another relative told us, "(my relative) enjoys their food, all seems fine."

# Is the service caring?

## Our findings

During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. Staff were caring and compassionate. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. We also saw the staff and people they supported talking, laughing and joking together. One person told us, "I have been here four and a half years I am really enjoying. I like the people here all the staff are nice too." Another person said, "I think the staff are caring and do an excellent job."

Relatives we spoke with told us, "The staff do respect privacy and dignity, residents are treated with respect. I think the staff are caring and do an excellent job." Another relative said, "I get involved in the yearly reviews with the social worker and care staff. We are very happy with the whole thing." Another comment from a relative was, "Yes, (My relative) seems happy, it's much better than where he was before, I go to the reviews. I don't say much but I think they are in the right place."

It was clear that people were supported to maintain their family relationships and friendships. For instance, people's plans included information about their family and friends and who was important to them. Family members we spoke with told us that staff supported their relatives to visit them in their family homes and they were made welcome when they visited Edgecumbe House.

We saw that staff respected people's dignity and privacy and treated people with respect and patience. For example, the care workers we observed always asked people if it was alright to assist them. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity.

The staff we spoke with were able to explain the importance of really getting to know the people they were supporting. We spoke with health care professionals who told us the staff were very good, understood people's needs, were open to any suggestions and followed advice given.

There were notices about advocacy services on notice boards and there was evidence in some people's files that they had used advocacy services. When we asked the registered manager regarding this they told us, "We have monthly house meetings which are recorded, some people visit a drop in advocacy service, a local 'speak up' group visit once a year and formal advocates are available."

Although at the time of the inspection people who lived at Edgecumbe House were young and healthy, the registered manager was looking at appointing a named person to look at end of life including if a person they supported became ill and was unable to communicate their wishes. They were developing a plan to ensure people's wishes and feelings were documented if a situation should occur that they were unable to tell staff what they wanted. The registered manager told us that they could not only then support people who could have an illness that was life shortening but also support people who used the service if a close friend or relative was ill or died.

# Is the service responsive?

## Our findings

We found staff were knowledgeable on people's needs and most people's needs were being met. However, documentation in care files was confusing, repetitive and not always completed to be able to properly review people's changing needs or identify a deterioration in their health.

We looked at two people's plans of care and found each person's care plan outlined areas where they needed support and gave instructions of how to support the person.

The plans we looked at had been written with the involvement of the person, where the person wanted to be involved and where appropriate, their close relatives. However we found these were not always readily available to people who used the service and they did not have copies in their own rooms.. This was discussed with the registered manager who agreed to review the plans and ensure if people wanted their plans in their rooms this would be facilitated.

People's support plans we looked at contained details of activities people liked to participate in or outings they enjoyed. People were supported to engage in activities outside the home to ensure they were part of the local community. Staff supported people in maintaining relationships with their friends and family members and people told us that their visitors were made welcome.

We saw that the local authorities undertook reviews of people who were funded by them, so that they could

assess if people's needs were still being met. People had care plan meetings with their keyworker, on a regular basis. Staff we spoke with felt this was a good way of making sure the person was involved in their plan and were able to contribute. The family members we spoke with told us they felt involved in decisions about the care and support although this was not always formally documented in the plans of care.

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. We asked people if they would tell staff if they had a worry and they said they would. We had no concerns raised by anyone during our inspection. One relative told us, "I think the staff are caring and do an excellent job. I have never needed to complain in 16 years, if I did I would contact the service manager who I think is brilliant."

We observed staff gave time for people to make decisions and respond to questions. The registered manager told us meetings were held that gave people the opportunity to contribute to the running of the service. We saw minutes of these meetings and they showed involvement of people who used the service. People we spoke with said staff talked to them and they were able to tell staff if something was wrong and it would be resolved.

The feedback we received from health care professionals who visited the service was positive they felt home provided a good standard of care and support, and were responsive to people's needs.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been in post since 2011 and was registered with the Care Quality Commission.

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. One member of staff said, "It is lovely here, we work well as a team."

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level. Staff we spoke with felt the service was well led and they were supported by the management team who were approachable and listened to them.

Staff had told us that they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The manager is always approachable and has an open door policy."

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included

any actions required and these were checked each month to determine progress. These had identified that requirements in regard to the care and support files and recruitment files. There was an action plan in place to follow to ensure the improvements were made and sustained.

The registered manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. The operations manager also carried out monthly audits; we saw the last audit undertaken was in August 2015. We saw that actions had been produced as a result of these audits; it was clear who was responsible to ensure the actions were completed. These actions were then checked at each visit to determine progress and completion. This helped to ensure actions were addressed.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. There were also key worker meetings each month involving the people who used the service, ensured people had opportunity to raise any issues or concerns or just to be able to talk with their key worker communicating any choices or requests.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. However the summary had not always been completed the registered manager told us this would be completed and improved following our inspection.