

Voyage 1 Limited

17 Walsworth Road

Inspection report

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31 May 2017

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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 ●

Summary of findings

Overall summary

17 Walsworth Road is registered to provide accommodation and personal care for up to six adults with learning disabilities. At the time of our inspection there were five people using the service, however, three of them were away on holiday.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction and on-going training. They had attended a variety of training to ensure they were able to provide care and support based on current best practice. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including dentists and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place which was accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

17 Walsworth 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.

This comprehensive inspection took place on 24 May 2017 and was unannounced. Telephone calls to relatives were made 25 and 31 May 2017.

The inspection was carried out by one inspector.

Before the inspection we checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in August 2014.

During our inspection we observed how staff interacted with people who used the service.

People were not able to verbally communicate with us but were able to use expressions and gestures.

We spoke with two people who used the service and three of their relatives. We also spoke with the registered manager, the acting operations manager, a senior support worker and four support workers.

We reviewed two people's care records, three medication records, three staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

A relative we spoke with told us they knew their loved one was safe. People were protected from avoidable harm and abuse by staff who showed a good understanding of the subject. One staff member said, "I would report it to the senior on shift, there is a number in the office to report it." They knew how to contact the registered manager and the provider if they thought it needed to go further. Information was displayed explaining how to report suspected abuse.

Each person had risk assessments in place to enable them to be as independent as possible taking into account the associated risks. These included; refusal to take medication, and personal care. These had all been reviewed regularly. Staff we spoke with told us they carried out additional assessments for extra activities or holidays.

Staff were recruited following a robust procedure. One staff member told us about the checks that had been carried out before they started to work. Documentation showed that correct checks had been carried out for all staff before they started to work.

It was obvious from our observations that there were enough staff of varying skills on duty to support people with their chosen activities. Some people had one to one support and another needed two staff when they went out into the community. A relative said, "There always appears to be plenty of staff whenever I visit." Staff told us the rota was flexible to accommodate individual's choice of activities. The registered manager said, "We have our own bank staff and staff cover each other for absences. We do not use agency staff." They went on to explain that people had allocated hours and the rotas were planned around those.

Medicines were managed safely. The medication cupboard was in a locked room. We carried out a stock check and found they were reflective of numbers recorded on Medication Administration Record (MAR) charts. Each person had a medication profile which explained what medicines they were taking and the reason why. It also gave an overview of how the person liked to take their medication. The dispensing pharmacy had carried out an annual audit. No actions had been found.

Is the service effective?

Our findings

People received care and support from staff with the required skills and knowledge. One staff member said, "We have a lot of training, some e-learning and others are face to face like moving and handling and first aid." Another said, "We should have had training this week from our pharmacy but they had to cancel, so it has been rearranged." A relative told us they thought staff were trained well to support their loved one. Documentation we saw showed all staff training was up to date or booked. Staff also had their competency observed. One staff member said, "We have supervisions, about six a year and we can ask for additional training if we want it." Documentation we saw confirmed this.

Staff told us they were supported by the registered manager and the provider. One staff member said, "[Name of registered manager] is really good. We can go to him about anything." Staff told us they received regular supervision. The registered manager had a matrix on the office wall stating when they were due.

Throughout the inspection we observed staff gaining consent from people. For example, asking if they wanted to go for a walk and if they wanted drinks. We also saw staff ask the persons permission to enter their room.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people were subject to a DoLS and staff knew who they were and why they were in place.

The registered manager told us staff assisted people with their choice of meals, using pictures where necessary. We observed staff asking people what they wanted to eat and drink. Staff assisted people when required with their eating or drinking. We saw documentation that specialist nutritional help had been accessed when required.

We saw that people had attended appointments with health care professionals to maintain their health. For example, visits to the doctor, dentist and hospital appointments. Each person had a 'health passport'. This was a file which contained all relevant information regarding the person's health and medication with contact numbers and information. The person took this with them if they had to go into hospital.

Is the service caring?

Our findings

People were treated with kindness. A relative said, "All of the staff are nice, they are very caring." We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff.

Staff were able to tell us about individuals' likes and dislikes, their hobbies and interests and family. We saw staff spending time with people, making sure they understood what was happening and assisting with what they wanted to do if required.

Where possible people had been involved in the development of their care and support plans. A relative told us they had been involved in reviews and were always kept informed of any changes. We saw evidence of this in records we reviewed. On the day of our inspection one person was visited by their dietician.

The registered manager told us that they had access to an advocacy service if it was needed by anyone. A notice advising of this was displayed.

The registered manager told us that all confidential information was kept in the locked office. The computer was password protected. This ensured information was only accessed by people who had permission to access it.

People were observed to be treated with privacy and dignity. Staff knocked on doors and made sure people were private when being supported with any personal care needs. Staff spoke with people in a calm manner and encouraged independence.

We saw that people had received visits from family and some people went on visits to stay with family. A relative told us that they rang each night and visited every week. The registered manager told us visitors were always welcome.

Is the service responsive?

Our findings

Staff told us they regularly updated people's support plans. They said they involved the person as much as they were able to ensure their views were documented. Records we viewed showed this had taken place. Support plans were personalised and written for each individual and had been reviewed regularly.

Staff told us that activities were planned for each individual and planned into their week. One relative said, "They have a better social life than me. [Name of person] is supported to do lots of activities." There was a board in the dining room which showed what each person was doing each day that week, it was written and pictures used to assist with understanding. On the day of our inspection three people were away on holiday being supported by staff. During the inspection staff called to let the registered manager know what they were doing that day. We observed staff go out for a walk with one person. There were pictures displayed showing people enjoying a number of days out and activities.

There was a complaints policy and procedure which was also available as an easy read to enable people who used the service to complain. One relative said, "I have never had cause to complain, [registered managers name] has an open door so anything can be discussed." We saw that complaints had been responded to in accordance with the provider's policy.

The registered manager told us that they gave each person's relative a questionnaire annually. We saw completed questionnaires which included some positive comments. All showed they appreciated the care and support provided to their loved ones.

Is the service well-led?

Our findings

Staff we spoke with told us they were involved in the development of the service along with people who used the service. Staff told us they were able to voice their opinions, which would be listened to, at regular staff meetings. Regular meetings had been held with the people who used the service. Minutes of these meetings had been recorded and were seen.

On the day of the inspection the acting operations manager visited to support the registered manager. The registered manager told us they could call any of the provider's management team at any time if they needed any support.

Staff told us, and we saw, that there was a positive, open and transparent culture in the service. One staff member said, "We can talk to [name of registered manager], about anything. Staff told us that the provider had a whistleblowing procedure and they would use it if required.

There was a registered manager in post who met their CQC registration requirements. 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 aware of the day to day activities in the service. We observed them interacting with people and staff. It was obvious from our observations they knew the people and staff well. Both were comfortable in their presence and there was a good rapport between them all.

A number of quality audits had been carried out by both the registered manager and the provider. These included; health and safety, medication and care plans. Where any issues had been found, action plans were in place.