

# Voyage 1 Limited

# Hall Farm House

## Inspection report

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Date of inspection visit: 30 December 2016  
Date of publication: 10/02/2016

### 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?

### Overall summary

We carried out this unannounced inspection on 30 December 2015. Hall Farm is run and managed by Voyage Care. The service provides care and support for up to six people with learning disabilities or acquired brain injuries. On the day of our inspection two people were using the service.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

People who used the service were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed. Action was taken

# Summary of findings

following any incidents to try and reduce the risks of incidents happening again. People received their medicines as prescribed and the management of medicines was safe.

Staffing levels were sufficient to support people's needs and people received care and support when required. Staff were provided with the knowledge and skills to care for people effectively and felt supported by the management team.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People were treated in a caring and respectful way and staff delivered support in a relaxed and considerate manner. Positive caring relationships had developed between staff and the people who lived at the home.

People who used the service, or their representatives, were encouraged to be involved in decisions and they or their representatives, were encouraged to contribute to the planning of their care.

Systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously

# 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.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Good



### Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



### Is the service responsive?

The service was responsive.

People were supported to make complaints and concerns to the management team.

People who used the service, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the service and the broader community.

Good



### Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

## Summary of findings

There were systems in place to monitor the quality of the service.	
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# Hall Farm 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 was planned to check 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 unannounced inspection took place on 30 December 2015. The inspection team consisted of one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed the information received and statutory

notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with one person who was living at the service. Some people who used the service had limited verbal communication so we also relied on observations and spoke with the relatives of people who used the service to get their views. We also conducted a telephone interview with relatives of a person who had recently left the service. We spoke with three members of staff and the registered manager.

We looked at the care records of two people who used the service, five staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

# Is the service safe?

## Our findings

Relatives we spoke with told us they felt their relations were safe and they had confidence in the staff who cared for their relations to keep them safe. A relative we spoke with told us, “Oh yes, and it’s better than it’s ever been.” Another relative whose relation had recently moved from the service told us, “Yes I do, [name] could tell me, and the staff were good with [name].”

We observed people interacted with staff confidently. We noted people’s body language when engaging with staff showed they felt safe and secure. Relatives we spoke with told us if they were concerned about their relations’ safety they would know who to speak with. One relative told us, “Yes I would speak to the manager.” Another told us they would have felt comfortable discussing things with the registered manager and also felt their relation could have spoken to the staff or registered manager when they lived at the service.

Staff had received training on protecting people from the risk of abuse and they had a good understanding of the different types of abuse people could face and how to recognise the signs that a person may be at risk of harm. They understood their role in response to any possible abuse and how to escalate concerns to the registered manager or to external organisations. One member of staff told us, “I have never witnessed any abuse here.” Another told us, “I would go straight to the manager, but also if I actually witnessed anything I would also tell the person [causing harm].” Staff we spoke with were able to discuss the processes they used to protect people from possible financial abuse. This was supported by information in the Provider Information Return [PIR] and during our inspection we witnessed staff undertaking the processes described.

The registered manager was confident staff would protect people from possible abuse. They demonstrated their understanding of their role in safeguarding the people in their care and their responsibility with regard to reporting incidents in the service to the local authority and to us.

Risks to individuals were assessed when people went to live at the service and these were reviewed regularly to ensure people’s safety. There were detailed risk assessments in people’s care plans which showed what help individuals needed with aspects of their day to day

activities such as, behaviour patterns, nutrition or managing their medicines. The emphasis in these risk assessments was on supporting people whilst ensuring they not only retained but increased their independence in their daily life. For example one person enjoyed cooking and staff supported them to be safe when dealing with electrical items. The risk assessment detailed clearly the support the person required to keep them safe whilst allowing them to undertake as much of the activity themselves.

One relative we spoke with told us staff encouraged their relation to be independent. They said, “[Name] gets more independence here than when they are with us.” A member of staff we spoke with told us “The risk assessments we have in place allow people to be independent as far as they can.”

People could be assured the environment they lived in was safe. The registered manager undertook regular environmental audits and was supported by the regional operations manager. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards with corridors and rooms clean and clutter free.

People received care and support when they needed it as there were sufficient staff on duty. One relative we spoke with told us there had been a change to staff numbers since there had been a dip in the number of people who used the service but told us “There’s still enough staff.” Staff members we spoke with told us there was enough staff and one staff member told us, “It’s different because there is only one of us on duty but we have enough staff.” Another member of staff said, “We are getting used to the lone working in the evenings and at weekends but there is always the manager or deputy on call if we need them.” The registered told us there was a lone worker policy in place and all staff were aware of how to get support to deal with any incidents. During the inspection we saw the needs of people were met by the numbers of staff on duty. The registered manager told us both they and the deputy manager would change their working hours to ensure if one person wanted to go out there was a member of staff free to escort them.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined five staff files and saw the provider

## Is the service safe?

had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. One relative we spoke with told us prior to their relation leaving the service staff had supported them to manage their own medicines. Another relative told us there were never any problems with their relation's medicines

and when they went on home visits they always had the correct medicines with them. Staff we spoke with told us they had been given appropriate training. One member of staff said, "Medicines are handled safely and securely."

People received their medicines as prescribed. The provider told us in the PIR that medicine training and medicine administration competencies were completed annually and only trained members of staff administered medicines. We undertook an audit of medicines, medication record sheets and ordering processes. We found medicines were stored correctly, records relating to administration and ordering were up to date and staff training was up to date. The registered manager undertook regular medicines audits and we saw up to date records of these audits.

# Is the service effective?

## Our findings

People were cared for by staff who received regular training to support them in their work. Relatives we spoke with told us that staff knew their jobs and were good at what they did. Staff told us they were given training relevant to their roles and one member of staff was undertaking further qualifications. One member of staff told us, “Yes the training is appropriate to the job I do.” The provider used internal training programs which were a mixture of face to face and e-learning programs. The training matrix showed staff had received up to date training on moving and handling, first aid and health and safety.

The provider told us in the PIR that new staff received a two week induction and underwent a six month probationary period when joining the company. A new member of staff told us they had been well supported by colleagues and the management team since starting in their role. They told us, “The induction was very good.” The registered manager told us that new staff were supervised until they felt confident to work alone. They felt it was important for the people who used the service to have confident well supported staff caring for them. The registered manager told us the new members of staff were working their way through the new care certificate induction. The care certificate is regarded the best practice for inducting new staff in health and social care.

Staff told us they were supported with regular supervision and appraisals, they told us the meetings were supportive, and useful. One member of staff told us they had supervision meetings once a month and said, “They are very useful, but we are a small unit, we can also talk individually on a regular basis.” The staff member also told us they were given a week to prepare for each supervision and they were able to discuss the subjects they wanted to raise. Records we saw confirmed supervisions were taking place.

We found staff were appreciative of people’s rights to spend their time as they pleased and respected people’s day to day decisions. Throughout our inspection we observed that people who lived at the home were able to decide where and how to spend their time. Staff supported people to take the lead so they made the decisions. On the day of the inspection one person told staff they would like

to go out for their lunch. The staff member checked the person had enough money and discussed with the person where they would like to go leaving the decision up to the person.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. 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. There were records of best interest meetings to help everyone understand what decisions individuals were capable of making. We also saw there had been assessments carried out to assess people’s capacity to make specific decisions. Where it was determined people did not have the capacity to do so, the correct process was followed to make a decision in the person’s best interest.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw the registered manager had made applications to the local authority for these assessments.

Staff had an understanding of the MCA and DoLS and how they should apply it. They told us they had received training on what the MCA meant to the people they cared for. One staff member said, “We should assume that everyone has mental capacity unless it is professionally assessed that they haven’t.” They went on to say that, “Even then people may have capacity in some areas but not in others.” Staff told us that although many people using the service had some learning difficulties and lacked capacity to make major decisions about their care they could make day to day decisions.

Staff told us they had undergone a nationally recognised training programme to assist them to use restraining methods safely but the emphasis in the home was on preventing incidences that required the use of restraint.



## Is the service effective?

One member of staff told us, “It’s all about avoiding difficult situations, recognising things, triggers.” Another said, “We try to de-escalate situations and use distraction not restraint.”

People’s nutritional needs were met and they were supported to eat and drink enough. Meal times were flexible and should one person not want the meal on offer they were offered an alternative. Staff were knowledgeable with regard to people’s dietary needs and care plans showed what measures were in place to support people with a healthy diet. People were weighed monthly and a recognised weight monitoring tool was used to assess any excessive weight fluctuations. Where appropriate, advice had been sought from health professionals such as a dietitian. One person in the home had a tendency to overeat sweet things and their relatives told us that staff supported them to maintain a balanced diet by offering different choices of foods.

People could be assured that their healthcare needs would be met and staff supported people to attend regular appointments with a variety of health professionals such as the chiropodist, optician and dentist. One relative told us they liked to go with their relation to attend appointments and where necessary staff would support them. Staff told us when appointments for health needs were required they were made in a timely way. Each person’s care plan contained a health file which showed dates of contact with a variety of health professionals with details of the appointment. Staff we spoke with told us there had been very few emergency situations, but they were aware of the individual health needs of the people who lived at the home. They told us they would be able to respond appropriately to emergency situations if required and ensure the correct help was sought.

# Is the service caring?

## Our findings

On the day of our inspection we noted that people who lived in the home were relaxed and happy in the company of staff. One person we spoke with told us the staff were, “Nice, kind.” We saw that staff interacted with people in a relaxed and caring manner. They responded to people’s requests for assistance in a timely way and were patient with people when communicating with them. Relatives told us staff had known their relations for a long time and had built relationships with them. One relative said, “I would go as far as to say that staff are very loving towards [Name] and [name] interacts with the staff well.” Another relative whose relation had just left the service said, “Yes definitely caring, [Name] formed a bond with staff.”

Staff told us they enjoyed working at the home and they had developed good relationships with the people who lived there and their relatives. One said “I enjoy spending time with them.” Another member of staff told us they had worked at the home a number of years and loved working there they said, “It’s never felt like an institution it feels like their home.”

People were spoken to by staff in a kind tone of voice who had a good knowledge of individual’s communication abilities. Communication was tailored to make the most of each person’s verbal skills. Staff established good eye contact and gave people time to respond during conversations. People had details of their preferred way of communicating documented in their care plans. Staff were aware of how to present choices to people to assist them to make their own decisions. One member of staff told us how one person tended to give one word answers or repeated what was said to them. Staff told us they needed time to communicate and not be rushed we saw when staff interacted with the person they followed this strategy.

People who lived in the home were supported to maintain their relationships with the people who were important to

them both in and outside of the home. Relatives told us they felt welcome when they visited the home and that staff made it easy for their relations to go and stay with them.

People were encouraged to express their views on the things that were important to them. Throughout the inspection we saw people doing the things they wanted in the way they preferred. They chose what and when to eat and what clothes they wanted to wear. One person we spoke with told us they were having a meeting with their key worker that afternoon and they would be able to talk about the things important to them. Staff we spoke with were knowledgeable about the people they cared for it was clear their preferences and wishes were important to staff. One staff member told us “I ask [name] personally about their care and I put their views in their care plan.”

One person who lived in the home and who could not easily express their wishes needed the support of an independent advocate. An advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager told us they had requested the services of an advocate for the person as they had no close relatives and they were awaiting an appointment. The home also displayed easy to read posters advertising advocacy to ensure that families were aware that this support was available for everyone.

People could be assured that staff respected their privacy and dignity. Relatives we spoke with told us staff respected their relation’s privacy and maintained their dignity. One relative told us, “[Name] has no inhibitions and staff try to protect their dignity.” Staff we spoke with told us the people who lived at the home were able to undertake a lot of their own personal care and the staff ensured people had the privacy to allow them to do this. If there were aspects of care which required staff to offer assistance staff told us they would always obtain consent from the person before undertaking any activity and ensure privacy by closing doors and curtains.

# Is the service responsive?

## Our findings

People who lived at the home received personalised care and there were systems in place to involve people in the planning of their care package. People who lived in the home met regularly with their key workers to review their care plans, we saw one person who was able to sign their care plan had done so. Relatives we spoke with told us they had been involved in planning their relation's care. A relative we spoke with told us, "Yes I was involved, I was kept informed and had regular reviews and kept in the loop." Another relative we spoke with told us, "We have been involved with [name's] care plan regularly."

Relatives told us they had been listened to when their relation's care was planned and they were encouraged to attend the review meetings to review their relation's care. One relative told us, They know [name] very well the care is individualised, very much so." Another relative said, "Yes they did [treat the person as an individual] and they really helped [name] with their independence." We viewed the care plans, they were individualised and described how people were to be supported. They also contained risk assessments which were reviewed on a regular basis to ensure people's changing needs could be identified and responded to in a timely manner.

People were supported by staff who had excellent knowledge of them. Staff were able to discuss people's needs and care plans with us. They were aware of what was needed to ensure the safety of people when they were in the home and in the community. Staff used the information in the plans to respond appropriately to any changes in behaviour of individuals. One member of staff told us, "Yes care is planned around their individual needs, the people here are very different [from each other], they want different things." They told us the staff worked together to maintain a calm environment for people.

People were encouraged to make independent decisions in relation to their daily routines. They were encouraged to personalise their own rooms and keep them clean and tidy. People were involved in planning, purchasing and making their meals. Each week they were encouraged to plan the meals for the following week taking it in turns to choose the main meal of the day. One relative whose relation had just left the service told us the person had their own budget and planned, cooked and ate their own meals to prepare

them for independent living. They told us, "Yes they [staff] matched the care [name] needed to their level of independence as they progressed. [Name] wouldn't be where they are today without them [staff]." Another relative told us the staff in the home had encouraged their relation to work on the farm attached to the home. They told us they had seen for themselves how this had increased their relations independence and said, "I was impressed when I watched [name] working."

Social activities took place on a regular basis and were tailored to meet people's individual needs and preferences, and increase their independence. On the day of our inspection one person went out to lunch. The people who lived at the home were encouraged to plan their day. Relatives we spoke with told us their relations were supported to follow their chosen hobbies. One relative told us, "[Name] goes out when they want to." A member of staff we spoke with told us people had a choice with regard to what social activities they took part in. One person who lived in the home enjoyed shopping and cooking and was supported to do this. People were encouraged to go out into the community to the local pub or café and one person went to a local day centre twice a week where they met up with friends.

People could be assured that any complaints or concerns they raised would be responded to. Relatives we spoke with told us they knew who to go to if they had any concerns. One relative told us, "Yes I would go to the manager." They went to say they had not had many concerns but all were dealt with to their satisfaction. The company's complaints procedure was displayed in the communal area of the home and relatives were sent an individual copy so they were aware of how to complain should they need to.

Staff had a good knowledge of the complaints policy and the procedure they should follow should a complaint or concern be raised. One member of staff told us, "I would tell the manager, I would deal with it if I could and I would record it." They also felt complaints would be responded to appropriately and taken seriously. The registered manager told us that as the unit was so small and relatives often lived some distance away having regular formal meetings with them was not feasible. However they were in regular contact with relatives and discussed issues regularly to pre-empt and deal with any concerns.

# Is the service well-led?

## Our findings

On the day of our visit the registered manager and deputy manager was visible around the service and we observed them interacting with people on a regular basis. It was evident that they had a good rapport with people and people approached them confidently. Relatives told us they felt the registered manager was open, honest and approachable. One relative said, “[Manager] gave us their mobile number and they are very responsive.”

Staff told us the registered manager and deputy manager was approachable and was a significant presence in the home. They said they felt comfortable making any suggestions to make improvements within the home and felt the registered manager was proactive in developing an open inclusive culture within the service. One member of staff told us, “Yes they are approachable, good leaders, they listen.” Another staff member said, “Yes very approachable they have an open door policy.”

There was a registered manager in post and they understood their role and responsibilities. Records we looked at showed that we had received all the required notifications in a timely way. Staff we spoke with told us they felt supported by the registered manager and deputy manager and in turn were encouraged by them to support their colleagues. They told us they felt comfortable talking to the registered manager who dealt with their concerns. Staff told us the registered manager led by example and there was a clear staff infrastructure in place. The registered manager had delegated areas of responsibility to different members of staff and was supportive of them in their roles.

The registered manager told us they worked to achieve an open and inclusive environment in the home. Staff told us they enjoyed working at the service and felt the registered manager was proactive in developing the quality of the service. Throughout our inspection we observed staff working well together and they promoted an inclusive environment and supported each other. It was evident that an effective team spirit had been developed.

We found staff were aware of the organisation’s whistleblowing and complaints procedures. They felt

confident in initiating the procedures. One member of staff said, “We have a handbook showing us what to do.” We also contacted external agencies such as the local authority that commission the care at the service and were informed they had not received any concerns about people residing at the service.

People benefited from interventions by staff who were effectively supported and supervised by the management team. There were regular staff meetings as well as one to one meetings. Staff told us the meetings were useful and provided them with opportunities to discuss issues such as their personal development needs, training opportunities and any issues which could affect the quality of service provision. The meeting also provided the opportunity for the management team to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them.

People were given the opportunity to give their views of the quality of the service. Relatives we spoke with told us they were sent annual questionnaire pack which asked questions about their opinions of the quality of the service and their thoughts on the care their relatives were receiving. Relatives were aware of different ways they could provide feedback to the registered manager and we were told they could speak to them face to face or ring them. One relative told us they often chatted to the registered manager or deputy over a cup of tea when they visited their relation.

The registered manager had systems in place to monitor the quality of the service provided. Regular audits were carried out in areas such as medicines, care plans and the environment. They were also supported by the provider’s operational manager to maintain the quality of the service. We saw records with action plans showing how any issues had been addressed.

Systems were in place to record and analyse adverse incidents, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.