

# Voyage 1 Limited

# Mawney Road

## Inspection report

89 Mawney Road  
Romford  
Essex  
RM7 7HX

Tel: 01708741388  
Website: [www.voyagecare.com](http://www.voyagecare.com)

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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

### About the service

Mawney Road is a care home registered to accommodate and support up to six people with mental health needs, learning disabilities and/or autistic people. At the time of the inspection, five people were living at the home. The home is a semi-detached house with two floors. Each floor has separate adapted facilities.

### People's experience of using this service

We expect health and social care providers to guarantee 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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The provider was meeting the principles of Right support, Right care, Right culture. People had choice and control of how their care and support was delivered to them. The values and attitudes of staff and managers encouraged people to be as independent as possible and feel empowered in their daily lives.

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

People and relatives told us the home was safe. Staff were trained in how to identify and safeguard people from abuse. There were systems to ensure risks to people were assessed and mitigated against. Medicines were managed safely.

There was a recruitment process to employ staff who were safe to work with people in the home. There were suitable numbers of staff working in the home. Accidents and incidents in the home were reported and lessons were learned to prevent re-occurrence. There were effective procedures to prevent and control the spread of Infections.

Staff completed training to perform their roles effectively. They felt supported by the provider and managers. People were supported to maintain a balanced diet and had access to healthcare services to help maintain their health.

Staff were caring in their approach towards people and respected their privacy and dignity. People developed positive relationships with staff. They were supported to pursue activities that interested them and avoid feeling isolated.

Care plans were personalised to meet the needs and preferences of people. There was a complaints process for people and their relatives to use. People's communication needs were understood and met. Feedback was sought from people and visitors to help make continuous improvements to the home.

There was a new manager in place, who felt well supported by the provider. The provider's quality assurance systems helped to monitor the safety and quality of the service and check people received the right support.

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

At the last inspection, the service was rated Good (report published 6 January 2020).

#### Why we inspected

We undertook this inspection to check the service is applying the principles of Right support, Right care, Right culture for people with learning disabilities and/or autistic people.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service. 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.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Mawney Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The home did not have a registered manager, as the previous registered manager had left their position shortly before 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'. They and the registered provider have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager was in post and they had submitted their registration application to us.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and

notifications. A notification is information about important events, which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection.

We spoke with the manager, a regional support manager and the registered manager of the provider's other local care home. We also spoke with two members of staff and one person who lived in the home. We were unable to speak with some people due to their needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed documents and records that related to people's care and the management of the service. We reviewed three care plans. We looked at other documents such as those relating to quality assurance, medicine management, staffing and infection control.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative for their feedback about the home.

# 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.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. People and relatives thought the home was safe and people were protected. One person said, "I am safe." A relative told us, "[Family member] is very safe in the home. The staff are very good."
- Staff told us they understood the home's procedure for reporting safeguarding concerns. Records showed they had received training in this area to ensure systems and processes were followed.

Assessing risk, safety monitoring and management

- Risks to people's health were assessed so that staff could provide support and care to people safely.
- Risk assessments covered risks such as those related to people's health conditions, nutrition, medicines and mobility. They provided guidance for staff on how to mitigate these risks. Staff told us the guidance was helpful and gave them an understanding of people's needs and how to support them safely.
- The provider maintained regular safety checks of the home. Gas, water, fire alarm and electrical installations had been serviced by professionals to ensure the premises was safe to live in. Moving and handling equipment such as hoists and pressure mattresses were serviced and checked as per manufacturer's guidance, so they continued to be safe for use.

Staffing and recruitment

- Staffing levels in the home were sufficient to enable staff to support people in a timely way. Staff told us there were enough staff at all times. A staff member told us, "Yes, we [staff] support each other. We have enough staff all the time."
- A rota was used to plan how many staff were on each shift. During our inspection, we saw the correct numbers of staff on duty.
- Staff were recruited safely. Records showed the provider carried out criminal background checks, sought references and obtained proof of identity and eligibility to work of new staff they employed.

Using medicines safely

- People received their prescribed medicines at the correct times. Medicines were managed safely and were stored in a secured cabinet in each person's room.
- Staff were trained to administer medicines and their competency was assessed by the management team through observations. Staff recorded each dose in Medicine Administration Records and these were checked daily to ensure there were no gaps or errors. There was a procedure for PRN medicines, which are administered as and when needed by people, such as pain killers.
- The provider had implemented the principles of STOMP (stopping over-medication of people with a

learning disability and/or autistic people) because some medicines are a form of chemical restraint. This meant people's medicines were reviewed by health professionals and prescribers and the dosage levels reduced if it was safe to do so. Records showed these reviews had taken place.

#### Learning lessons when things go wrong

- Accidents and incidents that occurred in the home were reported to the relevant authorities.
- The management team investigated, analysed and reviewed incidents. Trends and patterns were identified to learn lessons and minimise the risk of re-occurrence.
- Action was taken by staff and managers to ensure people remained safe.

#### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction after being recruited and training to help them develop and perform in their roles.
- All staff completed training in individual topics such as safeguarding adults, infection prevention and control, fluid and nutrition, medicines, choking prevention and the Mental Capacity Act (2005).
- We looked at a training schedule, which showed staff had completed their training and where training had expired. Refresher training was arranged for staff to keep their skills up to date. A staff member told us, "The training was very good and helpful."
- Staff were supported with supervision from the management team to discuss their work and any concerns. Yearly appraisals of staff were carried out to review their performance and set objectives for the following year.
- Staff told us they felt supported by the management team. A staff member told us, "Our previous manager was wonderful and very supportive. [New manager] is very nice and easy to talk to."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a process for pre-admission assessments to take place for people moving into the home. They help to determine if people's needs could be met and the home was a suitable place for them.
- The assessment took into account people's health conditions, abilities and needs relating to their mobility, personal care and capacity to make decisions.
- People's choices were assessed to help them achieve effective outcomes for their care. Records showed their needs were reviewed so they could receive the right care and support.

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

- People were supported to maintain a balanced diet. They were involved in choosing their food and planning their meals to reflect their preferences.
- There was a weekly menu from which they could choose either the set meal or an alternative option. We observed people eating their lunch independently and they told staff they enjoyed their meal.
- Staff prepared home cooked meals and we saw a variety of fresh fruit and vegetables available for people. A staff member told us, "We know the residents very well so we know what meals they like. We go through it with them as well. If someone does not want something, they can choose something else and we will have it prepared so they don't have to wait."
- People's nutritional requirements were assessed and monitored. People's weights were checked to see if they had gained or lost weight. If there were concerns about people's nutrition and hydration, they were

referred to a dietician or other health professional.

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

- People were supported to live healthier lives and they were registered with health care services such as the local GP surgery, pharmacy, dentist, speech and language therapists and learning disability services. Care plans included the contact details of health professionals relevant to the person's care.
- Staff helped people maintain their health and receive any care and treatment they needed. Records showed people attended appointments and yearly check-ups of their health. This ensured people's health and wellbeing was continuously monitored.
- Staff told us they could identify if people were not well and knew what action to take in an emergency to keep people safe.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's ability to consent to decisions made about their care was assessed. Records showed staff had received training on the MCA and its principles.
- The management team applied for DoLS authorisations from the local authority for people whose liberty was being deprived for their own safety. We checked records and these were up to date or were being followed up with the local authority.
- Staff told us they asked for people's consent at all times and respected their decisions. A staff member told us, "I always ask for their consent and permission. I let them know what I will be doing and how I am helping them."

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

- Mawney Road is located on a main road in a residential area. There were no obvious signs it was a care home. The local shopping centre and other services were nearby and easily accessible. The service was designed and decorated to help people with learning disabilities, autistic people and/or people with mental health needs. It was in line with the principles of Right support, Right care, Right culture.
- There was living room and garden for people to relax. We saw that people felt comfortable in the home. Their rooms were decorated and personalised according to their preferences.
- The home had enough space for up to six people to socialise and also have their own privacy.
- The manager told us they and the provider wanted to utilise the home's environment as much as possible. They showed us a part of the garden area to the side of the home which required some development and landscaping so people could access and use it. They also told us they had ideas for converting the outer storage room into a large sensory and activity room for people. The manager said, "I think it will be very beneficial for the residents."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff and managers. During our inspection, we observed staff politely respecting one person's wish to be left alone and not interrupted and staff encouraging other people to do things for themselves. Staff told us they supported people with their personal care. A staff member said, "We make sure people have privacy and knock on the door before we enter. When providing personal care, we close the door to give them privacy and dignity."
- The home was served by long term staff who had developed positive relationships with people over a number of years. A staff member told us, "Everyone knows each other well." A relative said, "The staff are all lovely people and very caring."
- Care plans contained information about people's levels of independence and placed importance on giving people choice. For example, for one person staff were required to "Encourage [person] to choose their night wear in the same way they choose their clothes. [Person] will touch the outfit they wish to wear." This meant people's independence and choices were respected.
- Staff told us they did not share people's personal details with those unauthorised to have the information. This maintained people's confidentiality and their dignity.

Ensuring people are well treated and supported; equality and diversity

- We observed staff to be patient and kind towards people. Staff told us they treated people how they would treat members of their own family. The manager said, "I encourage this. I see them [people] like they are my own parent or grandparent and this way we can ensure they are cared for with warmth and respect."
- We observed the manager and staff spending time with people and entertaining them throughout the day, for example through singing and dancing. One person said, "Yes, very nice," when asked about the staff.
- People's protected characteristics were understood and respected. People's equality and diversity needs were explored with them. Staff understood forms of discrimination and told us they respected people's beliefs. Care plans included people's preferences and needs around their religion and sexuality. A staff member said, "I treat everyone as I would want to be treated. I would not treat anyone differently based on their colour or sexuality."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions for themselves where they were able.
- Records showed people were consulted about their care and support. People and their relatives were involved in decisions about their care and their views and opinions were respected.
- Care plans instructed staff to always include the person during the planning of activities and encourage

them to make decisions that were in their best interest. For example, encouraging people to wear warm clothes if going outside when the weather was cold.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider ensured care was planned and personalised in accordance with people's preferences and choices.
- Care plans were person-centred and detailed their specific likes and dislikes. They took into account people's views about themselves.
- Staff told us care plans gave them a good insight into the person, their needs and their backgrounds. For example, a 'This Is Me' sheet contained a colourful set of facts about the person. This included things they found funny, what made them annoyed and how they liked to spend their time.
- We found that staff understood people's habits and routines and were responsive to anything they requested.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to develop new relationships, such as at day centres and maintain relationships with family and friends. They had kept in touch with relatives by telephone or video calls during the pandemic. Relatives were now able to visit people.
- Staff told us most people enjoyed going out in the local community, holidays and day trips. The manager informed us staff and the provider had arranged a weeks' holiday for later in the year for people, at a holiday resort by the coast. We observed staff taking three people out to a local park in a vehicle the provider had supplied the home, because they expressed a wish to go out. Two people did not wish to go and this was respected.
- Staff supported people to pursue their interests and hobbies. One person enjoyed singing, dancing, household chores, the company of others and having their nails painted. They were supported with this. A staff member told us, "Activities are arranged to meet people's needs and help them integrate into the community."
- There was a bingo game during the afternoon and staff also spent time with people who did not go to the park, by listening to music and chatting with them. This showed people were supported to avoid social isolation and pursue activities that were relevant to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication methods were recorded in their care and support plans. Most people in the home were not able to communicate verbally. They used alternative methods to communicate their thoughts and wishes such as with signs, gestures and signals.
- Staff told us they had got to know people well and this helped them communicate with them. A staff member said, "People understand when we ask them something so they will nod or shake their head or take us by the hand to show us something."
- Information was made available to people in easy read formats to help them understand it, such as posters and leaflets. This helped to meet people's communication needs.

#### Improving care quality in response to complaints or concerns

- The home had a complaints procedure for people to use if they were not happy about the service or had concerns. There had been no complaints since our last inspection.
- The manager told us complaints would be investigated fully and people would receive an outcome for their complaint should they arise in future.

#### End of Life care and support

- People's wishes should they require end of life care and support in future were discussed with them. There was a plan in place to ensure their wishes were respected and understood. For example, people's requests for their funeral arrangements, including any cultural requirements were recorded.
- The management team told us when needed, support would be sought from end of life care health professionals to ensure people were treated with dignity and cared for sensitively and appropriately.

# 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

- Prior to our inspection, the provider notified us the previous registered manager would be leaving their post and a new manager would be recruited.
- We met the new manager who had transferred from another service run by the provider. They told us they had settled into the home well and they were clear about their role and their responsibilities. They were supported by other registered managers who worked for the provider and by a regional support manager, who both attended the home to support our inspection.
- The manager told us they understood what risks there were to people in the home and how these risks were mitigated against. We saw they had reviewed each person's needs and had developed a system to ensure they could access key information quickly. The management team and the provider knew of regulatory requirements to ensure the home was compliant with health and social care regulations.
- Staff also understood their responsibilities and were positive about the new manager. One staff member told us, "[Manager] has made sure things have remained settled and continued the good work of the previous manager."
- The provider's quality assurance systems were used to check the home was safe and people received good quality care and support. The manager was in the process of carrying out a quarterly audit of the home, which included audits of medicine records, care plans, infection control systems, incident records and daily nutrition records.
- The provider utilised a system called a Daily Service Review which produced data about the home relating to COVID-19, such as testing, vaccinations and anyone with symptoms. This helped the provider monitor potential cases of COVID-19 and implement the necessary procedures to protect people and staff.

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

- People received person-centred care. We found there to be a positive and inclusive culture. The manager told us, "Voyage 1 (provider organisation) are a fantastic provider to work for. They are always there for you, no matter if you are a carer, a cleaner or a manager. They are supportive and I share their culture and values."
- We observed a calm atmosphere in the home. Staff respected people's personal space and supported them to achieve positive outcomes for their care, such as improved health and wellbeing.

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

characteristics; Continuous learning and improving care

- People were involved in the running of the home and met with staff to express their feelings and make requests. Relatives were contacted by the manager to inform them of updates and changes. A relative said, "The staff always keep me updated about [family member] and anything else."
- Meetings were held with staff to share important information, provide updates and developments about the service and give staff the opportunity to provide their feedback. The new manager had planned their first staff meeting since starting their role, which was to take place a day after our inspection. The manager said, "I am looking forward to formally meeting all the staff and look forward to working with them."
- People's equality characteristics were understood by staff and recorded to ensure they were respected at all times.
- The management team obtained feedback from staff, people and relatives through surveys and questionnaires. The feedback from the last survey was positive. One comment from a relative was, "We are very lucky to have such committed and dedicated staff work at Mawney Road. I have seen over the years how happy my family have been with my [family member] living there."
- There was a system for continued learning to help drive continuous improvements in the home. The manager's audit had identified areas they wanted to work on and improve, such as better use of the staff communications book and more detailed recording.

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 was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- Staff and managers were open and transparent to people and relatives when things went wrong. They ensured there was a good line of communication between them.

Working in partnership with others:

- Staff and managers worked in partnership with professionals to support people in the home. They had established links in the community with other services, such as local day centres to support people to attend them when it was safe.
- The provider kept up to date with new developments in the care sector and shared best practice ideas across all of its services.