

# Voyage 1 Limited

# Drakes Place

## 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 ●

# Summary of findings

## Overall summary

The inspection was announced and took place on 29 and 30 August 2018.

We gave the provider 24 hours' notice because we wanted to make sure the provider was available on the day of the inspection. We also wanted to speak with people who used the service and wanted to be certain they were available to meet with us.

Drakes Place is a 26-bedded service for adults with a learning disabilities or physical disabilities. The home is split into three separate homes (units) with support from one staff team. All areas can be accessed from the main home, although each unit has its own front door and individual names that included, The Oaks and Squirrel Park. The main home had 14 beds, The Oaks had five beds and supported people with physical disabilities, and Squirrel Park had eight beds and supported people with more complex learning disabilities. The home had the benefit of a hydrotherapy pool. All people living at the home could access the pool with support from staff. At the time of the inspection there were 24 people living in the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that showed serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The people we met on the day of the inspection had complex physical and learning disabilities. Some of the people we met could verbally communicate with us and others could not. To capture the opinions of people who could not communicate directly with us, we saw people's interactions with staff and their reactions. We also spoke to people's relatives to help us form a judgement.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

There was a registered manager in post. 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.

Why the service is rated Good.

People told us they felt safe living at Drakes Place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. There were enough numbers of staff available to keep people safe.

Staff supported people safely with their medicines if required. Staff had proper skills, knowledge and experience to deliver effective care and support.

Staff asked people for their consent before delivering care or support and they respected people's choice to refuse care. The provider was responsive to people's needs. Staff supported people, and involved them, (as far as they were able), to draw up and agree their own support plan.

The provider worked closely with health and social care professionals to ensure each person received a support package tailored to meet their individual needs. The provider sought people's feedback and took action to address issues raised. There was a system in place to manage and investigate any complaints

There was a management structure in the service, which provided clear lines of responsibility and accountability. There were effective quality assurance arrangements at the service in order to raise standards and drive improvements.

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.

# Drakes Place

## 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 comprehensive inspection took place on 29 and 30 August 2018 and was announced.

One adult social care inspector, one medicines inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and looked at other information we held about the service. At our last inspection of the service in February 2016, we did not find any concerns with the care provided to people.

During our inspection, we met with 10 people who used the service, the registered manager, one deputy manager and nine support workers. Some people who used the service were unable to communicate verbally and therefore we observed their interaction with staff and spoke with one friend and three family members who were closely involved in people's care and support. We also contacted six Health and social care professionals requesting feedback about the service delivered at Drakes Place. Two professionals responded to our request.

We looked at records relevant to the management of the service. This included 10 care plans, risk assessments, staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports.

# Is the service safe?

## Our findings

People continued to receive safe care

People living at Drakes Place told us they felt safe. Comments from people included, "Yes they are good". One person said, "(staff members name) looks after me". Another person said, "I do what I want and they help me". A third person said, "I have fun, yes I feel safe". One relative we spoke with said, "If we didn't think they were safe we would not leave them there". Adding, "Drakes is the best place they have ever been in."

Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. The registered manager understood their responsibilities to raise concerns and record safety incidents, concerns and near misses and report these internally and externally as necessary.

Risk assessments were carried out to ensure people could make choices and keep their independence. For example, some people that had been diagnosed with epilepsy liked to use the hydro pool. Risk assessments had been carried out to make sure this was safe for everyone. One care plan we looked at showed one person liked to make their own hot drinks and a risk assessment had been carried out to enable them to do this safely.

Staff also completed environmental risk assessments such as fire maintenance and safe use of water outlets. We reviewed the homes business contingency plan that ensured the service would continue if an emergency happened. In addition to this, the provider had contractors that serviced their equipment to ensure it was safe to use.

Some people using the service had times when they could become unsettled or distressed. There was guidance in people's records on what action staff should take to support them at such times. Staff gave examples that confirmed they knew how to support people when they displayed behaviours that challenged. One staff member told us, "If (person's name) behaviour deteriorated we have a system, rather than go directly to them we walk past and go to another room, we find a staff member who will call (person's name) and ask if they want a cup of tea". They added "That helps them calm down".

There were mixed views about staffing levels at Drakes Place. According to the rotas and our observations on the day of the inspection, there were enough staff employed to keep people safe and to meet their needs. However, staff told us they were often short staffed and felt this stopped them doing some activities at times. One relative told us, "They could do with more staff, sometimes they seem short".

We discussed staffing with the registered manager who told us they had seven vacancies and had begun recruiting to those posts. During the inspection we saw requests for help were responded to promptly and staff could spend time with people without being rushed. One person told us, "I like (staff members name),

they help me". Another relative told us, "They do seem short staffed but it doesn't affect how they look after (relatives name)".

Recruitment processes minimised the risk of employing unsuitable staff. Staff records had references, and a Disclosure and Barring Service (DBS) certificate. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups.

People received their medicines safely from trained staff who were competent to carry out the task. Clear records were kept of medicines administered or refused which enabled staff to check the effectiveness of medicines and ensure people's comfort and well-being. One person told us, "They give me my tablets every day, its good".

Some medicines, such as pain relief, were administered on an as needed basis. These had a clear administration sheet detailing what was given, when and why. This enabled staff to identify patterns and get further professional help if needed. Support plans clearly said what medicines were prescribed and the level of support people would need to take them. We saw records were completed appropriately and audited weekly. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

Staff protected people by following good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection within Drakes Place.

Staff knew the reporting process for any accidents or incidents. Records showed that the registered manager had acted where necessary, and made changes to reduce the risk of a re-occurrence of the incident. Where incidents had occurred, the registered manager had used these to make improvements to the service. Lessons learned were shared with staff through team meetings and supervision. A staff member said, "One person had come to the main house for an activity and another person went out leaving the doors open, (Persons name) left the building without staff knowing and we had to go and find them". They added, "Since that incident the team put a protocol in place that this person should have one to one support when in the main house".

# Is the service effective?

## Our findings

People continued to receive effective care

The manager assessed people's needs before they moved to the home which helped staff make sure they could provide people with the right support. The needs assessments were detailed which meant staff could write care plans based on how people wanted to be cared for. Staff updated care plans regularly to make sure people's current needs were met. One relative told us, "Staff made sure they got to know (persons name) before they moved in." Staff told us, "People are invited to the home before they move here, they can have lunch and meet people already living at Drakes Place". They added, "It helps people feel comfortable when they move in and we get to know what they like".

People received effective care and support from competent and well-trained staff. New staff received an induction at the start of their employment to ensure they had the basic knowledge and skills necessary to keep people safe. Staff had received a wide range of training relevant to the needs of the people. In addition to formal training staff received specialist training such as Epilepsy rescue medicines and Autism awareness.

Staff told us they had received enough support from the registered manager to meet people's care needs. Supervision and appraisals were carried out regularly to motivate staff, review their practice or behaviours, and focus on professional development. Staff told us, "We have formal one to one supervision regularly and the manager is really supportive". People told us they thought staff were good at their jobs. One person said, "(Staff members name) knows what I like, they always help me". One relative told us, "I think they are well trained, they are so good with (person's name)".

Staff supported people to eat and drink enough and keep a balanced diet. People told us that they had choices of food and that the quality of the food was good. One person said, "If I don't like what's on offer staff make me something else". A relative we spoke with told us, "(Persons name) eats well here". Adding, "There is no shortage of food".

We observed lunch, it was a positive social experience for people. People's records included information about how their dietary needs had been assessed and how their specific needs were met. If people had problems relating to eating and drinking there were risk assessments in place. This meant staff could monitor people's food and fluid intake and reduce any risks identified, this included people who were at risk of malnutrition.

Where needed, other professionals were contacted for specialist guidance and support to meet people's needs, such as a dietician or the speech and language therapy (SALT) team. One person told us, "Staff always check if I'm ok". Staff told us, "We use a hand over book and write in there if we think someone is poorly". Another staff member said, "We know when people aren't well, one person is known for chest infections so we keep a close eye on them".

Staff supported people to access services from a variety of healthcare professionals including GPs,



dieticians, dentists, and district nurses to give additional medical support when required. On the day of our inspection, staff were supporting people to attend a GP appointment. Care records showed staff shared information effectively with professionals and involved them appropriately.

Drakes Place provided appropriate accommodation for the people who lived there. All accommodation including bedrooms, communal areas and the garden could be accessed by people using wheelchairs. People personalised their rooms, one person had decorated their room in their favourite colours and had lots of personal belongings that made the room special to them. During the inspection doors were open to an outside space and people told us they could access this space at any time.

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.

We checked whether the service was working within the principles of the MCA. We found people only received care and support with their consent or in their best interests. Care plans showed where people's capacity had been assessed and the action staff had taken. Staff had involved family members where people lacked capacity to make a specific decision. One visiting relative said they had been involved in discussions about making decisions in the person's best interests and had felt happy with the way this was handled.

Where people were assessed as having capacity, staff respected people's decisions to accept or refuse care even when these decisions may have been considered as unwise by other people. This showed staff were practising in accordance with the Act to promote people's legal rights.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and clinical lead had a good knowledge of this legislation, at the time of the inspection 10 people were subject to DoLS. The registered manager had taken action where people required this level of protection to keep them safe.

## Is the service caring?

### Our findings

People continued to receive a caring service

People were cared for by kind and caring staff. During the inspection we saw staff interacting with people respectfully. Staff showed kindness and patience when supporting people and regularly asked if people were ok as they passed them by. One relative told us, "The staff are great, Drakes Place is the best home (person's name) has lived at". Another relative said, "I can't speak highly enough of the staff and the manager, they provide excellent care".

During the inspection we heard staff sharing jokes with people and laughing which created a warm and friendly environment for people to live in. One person told us, "We have fun, (staff members name) teases me". The staff had received many thank you cards and letters. One relative had written, "Without your kind support we would not be able to keep in contact with (Persons name)".

Care plans gave guidance on how to communicate with people. If people expressed their unhappiness or discomfort through body language, behaviour or vocalisations staff knew what they were communicating and responded. People could make choices and staff respected them. On the day of the inspection we saw staff offering choices such as what people would like to do throughout the day if they were not going out and what people wanted to eat or drink. One staff member told us, "(Persons name) chose to wear continence pads". They added, "(Persons name) doesn't need to wear them but they make them feel safe and clean so staff respect their choice".

Staff supported people to keep relationships with family and friends. One member of staff told us, "We help (person's name) to visit their relatives by taking them in the homes mini bus". A relative told us, "When I was ill staff made sure (person's name) came to see me even though I live a long way away." Another relative said, "Staff make sure (person's name) is by the phone every week, that's when I phone them to speak to them".

The registered manager told us, "Family members often live a long way from the home so staff take people to see their relatives using the homes vehicles". They added, "Relatives also phone regularly or just visit when they can". Staff held events and invited families to attend. One person told us, "We had a summer party and my family came, it was fun". A relative said, "They hold lots of parties we always get invited". The registered manager said, "We involve families as much as possible".

Staff respected people's privacy and made sure care was provided in a dignified and respectful way. People could choose the gender of the staff member who helped them with personal care and choices were respected. One person told us, "Staff help me wash". Another person said, "Staff respect me, they keep me covered when I get washed". A relative told us, "Staff are very professional all the time, they really care."

People felt involved in decisions about their care and told us they could express their views about how their care was delivered. One person told us, "I say what I want and staff listen to me". Another person said, "I get

up when I want staff don't rush me".

Staff communicated well with people and appreciated that people may want different things on different days. One visitor told us they felt their relative was very well cared for and said, "They seem to involve them and me in everything. The communication is good".

Staff did not always protect people's confidential records. During the inspection, we saw an open door to one of the offices which was situated in a communal area with no staff protecting people's care records and keys to medicine cabinets that were stored in there. We raised this with the registered manager who immediately put a notice on the door reminding staff to keep the door locked when no one was in there. Throughout the rest of the inspection we checked the door regularly, it was always shut and locked when not in use.

Staff respected people's religious and cultural differences. The registered manager explained that one person staying at Drakes Place liked to go to different churches. One person told us, "I go to church, I can go on my own, I go to the church clubs".

# Is the service responsive?

## Our findings

People continued to receive a responsive service

The provider was responsive to people's needs. The support plans were detailed and gave a range of information about the person that included details about their family history. Staff also recorded preferred daily routines, likes, and dislikes and details of people and things that were important to them as well as risks and how these should be managed. This was important for staff to understand because some people receiving support had limited or no verbal communication. Staff were able to give care in a way that respected people's chosen lifestyles, cultures, and religions. One relative told us, they get to know (person's name) they ask about their past so they can understand them better".

Staff supported people in a way that promoted their independence and well-being. One relative told us, "(Person's name) had improved since they moved to the home. They told us, "Staff are very patient, they encourage (person's name) to do things for themselves as well". Another person told us, "I can go out when I want, I go shopping and to social clubs."

People and their family members were invited to formal reviews of people's care, all records we reviewed were kept up to date and reflected people's current needs. One relative told us, "They, (meaning staff), always keep us informed". Another relative said, "They always tell me whenever there's a change even a small one".

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some people living at Drakes Place had no verbal communication. Each person had a communication profile in their care and support plans which meant staff knew how people communicated and what certain sounds and gestures meant for that person. Staff told us they used a variety of methods to communicate with people, which included verbal communication, sign language and pictures. During the inspection we saw staff showing people things to enable them to make choices through gestures or pointing.

There were some organised activities and entertainment for people to take part in if they wished to. People told us, "I'm using the pool today, I'm swimming". Another person said, "I'm going to the cinema this afternoon". The team had their own disco equipment, they held discos at a local community hall every Thursday evening which people told us they thoroughly enjoyed going to. Staff also held parties at the house and used the disco for entertainment. One person told us "I help, I set it up and play music". A relative told us, "The staff recently held a 60th birthday party for (person's name) at Drakes Place, it was great they invited everyone, we had a lot of fun".

People could complain if they were unhappy. Records showed that people were very happy with their care. People who could not use the complaints procedure independently had access to advocates if needed.

There had been no formal complaints made in the last 12 months. The registered manager told us, "We have regular meetings with people and deal with any concerns as they arise. Relatives we spoke with had not raised any concerns. One relative said, "If I had something to say I would, and (Persons name) would soon let them know if they weren't happy". Another relative said, I have no complaints, they are just wonderful". One person told us, "I can do what I want, they can't stop me." They added, "I would tell the CQC."

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. Care records showed that staff had spent time with people discussing their preferred choices in the event they became seriously unwell. At the time of the inspection no one at the home was receiving end of life care.

# Is the service well-led?

## Our findings

People continued to receive a well led service

The providers website said their purpose was to deliver great quality care and support, and their vision is to make a lifelong difference to the people they support, and their families. Comments from people, and our observations, showed this philosophy was put into practice. We saw people making choices throughout the inspection. This included where people wanted to spend their time, how people wanted to be supported with personal care, and choices people made at meal times.

There was a stable management and staff team. The registered manager had been at the home for 20 years. 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.

In addition to the registered manager there were two deputy managers and there was always a senior support worker on duty. This helped to ensure there were clear lines of accountability and ensured people always had access to senior staff to discuss issues with. It also enabled people's care and support to be delivered according to their individual needs.

The deputy managers were very visible in the home and worked alongside other staff which enabled them to constantly check standards of care. Where shortfalls in the service were found through observation they could immediately address them to ensure people continued to receive care at the expected standard.

People lived in a home where staff morale was good which created a happy and relaxed atmosphere. Staff told us the management in the home was open and approachable and they found the registered manager "A good listener". To enhance staff job satisfaction and prove how staff were valued, the provider had an annual staff excellence award, we saw that a staff member from Drakes Place had been nominated for 2018.

People could be confident that practices were safe and followed up to date guidelines and regulations. The registered manager and deputy managers attended training to make sure they were aware of up to date information. They shared this with staff through team meetings and one to one supervisions.

There were systems to check standards and seek people's views. People and their relatives completed annual surveys and audits were used to find risks to people and plan improvements. The registered manager said audits had highlighted improvements needed to be made, for example, one person had difficulty leaving the building during a fire test. The provider accepted this as a risk and funded French doors to be fitted in their room which meant the person had immediate access to the outside in the event that a fire should break out. This showed that measures put in place had been successful in improving safety for people.

The registered manager learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager has notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.