

# Voyage 1 Limited Gracelands

## Inspection report

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### Ratings

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

### Overall summary

The inspection was carried out on 13 January 2016 and was unannounced.

Gracelands is registered to provide accommodation with personal care needs to seven people who have a learning disability or autistic spectrum disorder. There were six people living at the home on the day of the inspection.

There was a registered manager in post who was present during the 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 2008 and associated Regulations about how the service is run.

Relatives felt that staff kept people safe and staff knew how to protect people from harm. Staff were aware of who to report concerns to if they suspected or became aware of any abuse taking place.

# Summary of findings

Risks to people's safety had been assessed and guidelines put in place to minimise the risks without restricting people's activities or independence.

There were enough staff on duty to meet people's needs and the registered manager kept staffing levels under review. Checks were completed on staff before they started to work at the home to ensure they were suitable to work with the people.

People were supported to take their medicines as prescribed and medicine was stored safely. Staff were provided with information on the support people required to manage their medicine safely. People were supported to see health care professionals as and when required.

People were involved in decisions about their care and support and were encouraged to make their own choices. When people did not have the capacity to make their own decisions staff ensured decisions made on their behalf were made in their best interest.

People were supported to choose what they wanted to eat and drink. People's nutritional needs were routinely assessed, monitored and reviewed. Where there were concerns about how much people ate and drank charts were in place to monitor this.

Staff were kind and considerate and spoke with and about people in a respectful way. People were treated with dignity and respect and their independence was promoted.

People were actively encouraged to follow their interests and aspirations. People were supported to keep in contact with people who were important to them.

Relatives felt comfortable and able to raise any concerns with staff or the manager. They were confident that any concerns would be listened to and acted upon.

There was a positive working culture where people, relatives and staff found the registered manager enthusiastic in their approach. Staff took pride in working for the service and were highly motivated to deliver the values of the service.

The registered manager was committed to delivering a quality service and had systems in place to check on the quality of the service. They actively sought feedback from people, relatives, staff and health care professionals in order to develop and improve the service.

# 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.

Good



Relatives felt that people were safe living at the home and staff knew how to protect them from harm. Risks to people's safety had been assessed and guidelines put in place to minimise the risks without restricting people's activities or independence. They were enough staff on duty to meet people's needs. People received their medicine when they needed it to promote good health.

### Is the service effective?

The service was effective.

Good



Staff received training and support to enable them to meet people's individual needs. Staff supported people to make decisions about their care and support and respected their wishes when they declined support.

People were supported to see health care professionals when they needed to in order to maintain good health.

### Is the service caring?

The service was caring.

Good



People were supported by staff who were kind and considerate. People were supported to keep in contact with people who were important to them.

Staff promoted people's dignity and encouraged them to be as independent as possible.

### Is the service responsive?

The service was responsive.

Good



People were encouraged and supported to take part in activities they enjoyed. Staff knew people well and responded promptly to changes in people's needs. Relatives felt comfortable to raise any concerns or complaints and were confident that they would be acted upon.

### Is the service well-led?

The service was well led.

Good



People and staff found the registered manager approachable and enthusiastic in their approach. There was a positive working culture at the home where staff helped each other to deliver the values of the service. The provider had systems in place for monitoring the quality and safety of the service. People and their relatives were encouraged to give their views on the quality of the service.

# Gracelands

## 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 inspection took place on 13 January 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to

send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with six people who used the service and three relatives. We spoke with five staff which included the registered manager and four support staff. We viewed five records which related to assessment of needs, risk, medicine and communication passports. We also viewed other records which related to the management of the service such as the complaints process, accident forms and staff recruitment records.

We were unable to communicate verbally with everyone who used the service. We used staff and observation to gain an understanding of people's experience of the care and support they received.

# Is the service safe?

## Our findings

Relatives told us that they felt their family members were safe living at the home and when staff supported them to go out. The only concern relatives had was the location of the property which was on a busy main road. They were pleased that the registered manager was in consultation with the council regarding road safety measures. One relative told us that there had been considerable improvement in their family member's abilities since the current provider had taken over. They said their relative was safe and well looked after. During our visit we saw that a person spilled their drink this was immediately cleaned away. Whilst the area was drying off staff took extra care to ensure people were safe. For example, a warning sign was put in place to alert and reminded people that the floor was wet.

Staff had received training on how to identify and protect people from harm or abuse. They were clear about what to do if they witnessed or became aware of any abuse and who to report concerns to. Posters were located around the home to tell people, relatives and staff what to do if they had any concerns. The registered manager was aware of their responsibility to report any concerns of abuse to the local authority. Records were maintained of safeguarding referrals and showed what action had been taken to protect people from further harm.

The provider had systems in place to reduce the risk of people being harmed, while at the same time ensuring they were supported to follow their wishes and lead fulfilled lives. Any potential risks to people's safety had been assessed. Support guidelines had been developed so risks were minimised with the least restriction to support people's independence and the activities they wanted to take part in. One person liked to visit theme parks and was supported to do so. We were shown a picture of the person enjoying themselves on one of the rides at the theme park. Another person liked to go horse riding and staff were looking into this for them. Staff we spoke were aware of the risks associated with people's care and knew what support they needed to keep them and others safe.

Staff were aware of their responsibility to report accidents and incidents. They understood how the information they recorded about the incidents was used to avoid it happening again. The registered manager told us they had oversight of all the accident and incident forms completed. They analysed the information to identify deterioration in people's health or any trends and took action to reduce re occurrence. For example one person had experienced a number of falls, the registered manager arranged a medicine review, new footwear and physio. They said that the exercises the physio had recommended had improved the person's mobility and reduced their level of falls.

We saw that there were enough staff on duty to ensure people's care and support needs were met. Staff we spoke with felt there were enough staff available to meet people's needs safely. However, they felt that some people would benefit from additional one to one support to manage their anxieties. The registered manager explained that support hours were agreed with the people's local authority social work teams. They were in discussion with two separate local authorities to secure extra funding and support for two people living at the home to ensure they could continue to meet their needs. Staff told us the provider completed checks to ensure they were suitable to work at the home before they started and the records we looked at confirmed this.

People received support to take their medicine when they needed it. We observed a staff member supporting a person to take their medicine. They explained what the medicine was for and ensured they had a drink of water to help them swallow it. Staff were provided with information on how people preferred to be supported with their medicine and people received their medicine safely. Staff explained that they ensured any medicine that people took out with them was signed in and out to ensure they had access to medicine when they needed it. We saw that accurate records were maintained and that medicines were stored securely. Only staff who had received medicine training could administer medicines. Staff told us they had annual competency tests to ensure ongoing safe management of medicine.

# Is the service effective?

## Our findings

Relatives we spoke with felt that staff were well trained and knowledgeable about people's needs. One relative said, "All staff are really well trained and know how to treat people". Staff told us they felt well supported in their role and were able to approach the registered or deputy manager at any time should they need any guidance. Staff received appraisals and regular supervision. They said that supervision provided them with the opportunity to discuss what was working well and if they had any concerns. They were also able to discuss their training and development needs. One staff member had recently requested to go on an external course, the registered manager had listened and was in the process of securing the training. Another staff member told us they had received training on how to support people when they became unsettled and anxious. They said what they learned enabled them to use different approaches to support people's individual needs.

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. 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.

Staff had a good understanding of the MCA and told us how they supported people to make decisions. Some people were unable to tell staff their views and staff observed their body language for signs to interpret their wishes. Staff told us they sought people's consent by explaining what they were going to do and giving them choices. If people refused support they would respect their wishes and return at a

later time. People had decision making profiles which provided guidance to staff on the most effective way to involve people in decisions. The guidance included how the person liked to be given information, the best way of presenting choices as well as ways staff could help the person understand the decisions to be made. We saw the support provided by staff was as identified in the individual's care plan and communication passport.

People were given a choice of what they would like to eat and drink. A fortnightly meeting was held with people and staff to discuss menu options as well as other points of interest. Staff told us they used pictures of different foods to enable people to choose what foods they would like included in their weekly menus. During our visit some people had chosen to have their lunch out. People who had stayed at home were supported to choose what they wanted to eat and supported to prepare it where able. We saw that staff sat and ate their lunch with them in a relaxed atmosphere. People's nutritional needs were assessed and kept under review. Where there were concerns about how much people had to drink, charts were in place to monitor this.

People were supported to attend health appointments as and when required. One person had been out to see the doctor during our visit. The staff member told us that the person had been given new medicine to treat the condition. They explained that they would alert other staff via staff handover, the communication book and by also writing on the notice board in the medicine room. We were shown that each person had a health action plan which recorded all details about people's health and the support they required to meet their health needs. These included the purpose and outcome of health appointments. We saw that referrals had been made to other healthcare professionals as and when required. A staff member told us they had concerns about one person and had made a referral to the relevant health care professional. In the meantime they were keeping a chart to monitor the person in preparation for their appointment. They would share their findings with the health care professional to help them make an informed decision about the person's care and treatment.

# Is the service caring?

## Our findings

We asked one person whether they liked living at the home they firmly replied, “Yeah”. Interaction between people and staff indicated that people were happy with their support they received. Although people were unable to talk they made their wishes known and staff were seen to respond appropriately. Staff spoke with people in a warm and caring manner. This was reflected in people’s daily records where staff wrote how people had been involved in their care and activities throughout the day. Relatives we spoke with were very complimentary of the care and support their family member received at the home. One relative said, “I think it is fantastic at the moment, I think they do a fantastic job with my [Family member]”. Another relative told us they were very happy with the care their family member received.

People were supported to express their preferences about how they wanted to be supported. Staff used different ways of communicating with people to make sure they felt involved in their care and understood what support they needed. We saw staff used pictures, hand gestures and facial expressions to help people make their choices known. Staff used people’s preferred methods of communication and people were able to make their wishes known to them. A relative told us they were fully involved in their family member’s care and thought the provider was good at what they did. They went on to tell us they would not let their family member remain living there if they were not. Another relative felt that their family member had made progress in communicating and relating to people. Staff told us they promoted person centred care where people were involved and central to the care planning process. They ensured support plans were personalised, they were aware of people’s likes, dislikes and how they preferred to be supported.

Each person had a key worker who was responsible for representing and supporting their interests. The key worker

would build up a working relationship with the person and act as a point of contact for relatives and other healthcare professionals involved in their care and support. People were supported to maintain contact with people important to them. One of the key workers told us they helped a person write letters to their relative. During our visit staff had taken one person to visit their relative in hospital. Records showed that people had regular contact with family members. One relative told us their family member had an advocate who supported them. The registered manager confirmed that two people living at the home had an advocate who were available to provide support when needed.

Staff had good working relationships with people as we heard many friendly chats and saw lots of smiles and laughter. We heard staff talk about people in a respectful and positive way. For example, one staff member said, “You will love [Person’s name] they have a lovely smile”. Staff knew people well and were able to tell us about their needs and how they supported them. A staff member had made a person a drink they liked, we heard them asking the person, “Are you ready to go in the lounge, I’ve got a nice drink of milk shake for you”. The staff member reminded the person to be mindful of the step as they walked through into lounge with them.

Staff were mindful of people’s privacy and dignity. One person liked to spend time in their room and this was respected. Staff told us they respected people’s views and rights and ensured their dignity was protected by closing doors and curtains when delivering personal care. Staff also felt promoting people’s independence helped them provide dignified care. For example, they were supporting a person to become more independent with their personal care needs and this had a positive impact on the person’s self-esteem. The person’s confidence had increase and they were now choosing to spend more time with other people living at the home.

# Is the service responsive?

## Our findings

People showed us the enjoyment they got from the activities they took part in. One person with minimal prompts from staff showed us how they steered their relative's long boat when they went to stay with them. Later we saw the same person doing exercises to improve their mobility. They took pleasure in weaving in and out of cones and finally kicking each one down. They laughed and engaged well with the staff who were supporting them. Another person had been out shopping and was visibly excited about the items they had bought.

Relatives talked of their family members busy lifestyles where staff supported them to take part in activities of interest. One relative told us that their family member had an interest in fire engines and this was a focus of many of their trips out, they said, "They go out all the time". Another relative told us how their family member enjoyed going shopping and staff supported them to do this on a regular basis. During our visit people were supported to partake in different activities, some people had gone out to the pub for lunch. Another person visited a relative. A further person chose to remain at home and listened to music and got up to dance to the music on occasions. Where people chose to go out we observed that staff were patient in their approach and supported them to get ready in their own time maintaining a calm and relaxed atmosphere.

People's needs were assessed prior to moving into the home and kept under regular review. Staff explained that if they identified changes in people's needs they would update their care records to reflect this. We saw that there were personalised care plans in place which ensured people received support they required to meet their individual's needs. Staff told us they were notified of any changes in people's needs during staff handover, through messages put in the communication book as well as direct conversation with other staff.

Relatives felt that their family members were supported by staff who knew them well. They told us that staff kept them fully informed of any changes in their needs and of any concerns they may have. One relative told us how their family member's anxieties had improved immeasurably in the last 12 months they said, "Staff know them so well". They went on to tell us that their family member was now able to say a few words to them on the phone which they

felt this was marvellous progress. Staff were able to describe people's needs and interests in detail. We saw that they were prompt to respond when there were any changes in people's needs. For example, a person became anxious during or visit, the staff dealt with the person in a calm and effective way. Staff completed charts that monitored the person's level of anxiety as well as any triggers that may have led to increased levels of anxiety. They told us they shared this information with the behaviour management specialist who collated and analysed the information. The specialist in turn provided guidance for staff on how best to manage the person's anxiety.

The registered manager told us they continually looked at different opportunities for people to take part in. They were keen to develop people's skills and experiences. Staff had meetings with people every fortnight where they would discuss different activities. They showed people pictures of different things to do, places to visit and gauged their reaction to options offered. Staff recognised people's different levels of communication and had consulted with the speech and language therapist (SaLT) regarding ways of involving people and developing their abilities. The SaLT had suggested and provided staff training on intensive interaction sessions. Staff explained that the purpose of this approach was to widen a person's awareness of others around them and to help them to interact and communicate with people. Staff demonstrated how they supported one person and talked of the benefits that they had observed. They told us how they had gradually introduced and monitored the effectiveness of the approach and found that the person was communicating much better with staff since it had been introduced.

Relatives told us they could raise any concerns they had with staff or management and were confident that they would be acted upon. One relative told us they had no reason to complain they said, "Really was no need, they [Staff] were on top of things". Another relative told us they had no complaints whatsoever. They proceeded to tell us if they raised any concerns they were promptly resolved to their satisfaction they said, "They [Staff] always listen to me". We saw that the complaints process was displayed in the home and was available in different formats so people could understand it. People were given 'I Am Worried' cards that they could give to staff or send to the provider if they had any concerns.

# Is the service well-led?

## Our findings

There was a positive culture at the home, relatives and staff found the manager approachable and enthusiastic in their approach. One relative told us that the registered manager had carried out considerable improvements and trained and supported the staff very well. A relative who had concerns about the location of the home and told us, that if the good care at the home could be transported to a country estate then it would be, “Absolutely ideal in every respect”. The registered manager told us they wanted people to have a fantastic quality of life. They aimed to create a warm and inclusive environment and believed that staff were committed to delivering on this agenda.

Staff we spoke with were proud to work at the home. They felt that there was a good sense of team work with the goal of achieving the very best for people living at the home. One staff said, “It’s about fulfilment in life, helping people become more independent”. There were regular team meetings in which staff felt their views were actively encouraged and acted upon. Staff told us that they were supported by an on call service outside office hours and that management were always available to support them. Staff had access to a wide range of training and the registered manager kept a record of training attended. There was a clear management structure in place where the deputy manager would cover in the absence of the registered manager. The registered manager told us they were supported by the regional and managers from other locations.

Relatives told us communication with staff and management was good. One relative said, “The manager rings me regularly and keeps me up to date”. Another

relative praised the support that staff and management had provided when they had a family bereavement. They found that staff and management had been magnificent in the support they had given them.

The registered manager had appropriate systems in place to record and respond to incidents, accidents and concerns of abuse. They showed us that all relevant information was logged on the provider’s management systems and lessons learnt were shared at their manager meetings. The registered manager was aware of their responsibilities and had submitted statutory notifications where required.

The provider had robust systems in place to monitor the quality of the service. These included audits completed by the registered manager as well as a ‘Fresh Eyes’ audits where managers from other locations visited the home and completed audits. In addition to this there was a yearly quality and compliance review completed by the operations manager. We saw that the registered manager completed a consolidated action plan so that actions arising from the various audits were all in one place and could easily monitored and acted upon. When we spoke with the registered manager they were keen to develop and involve staff in the running of the home. They shared the outcome of audit and questionnaires with staff and it was their intention to give the staff responsibility to lead on different aspects of running the home.

The registered manager actively sought the views of people, relatives, staff and other professionals in order to develop and improve the service. We saw that they collated the information and completed an overview report of findings and any actions that were required. We also saw that the provider produced a quarterly newsletter which showed what activities people had been on as well as recording what people planned to do in the future. This was shared with people living at the home and their relatives.