

Voyage 1 Limited

128 Suez Road

## 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

128 Suez Road provides personal care and accommodation for up to eight people who have a learning disability. Six people were living at the service on the day of our inspection.

This unannounced inspection was undertaken on 31 August 2017 by one inspector. This was the first inspection of the service since Voyage 1 Limited became the registered provider in November 2016.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff knew how to respond to possible acts of harm and knew how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were safe to work with people.

Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a choice of meals and staff supported them to eat and drink where needed. People were referred to health care professionals when needed and staff followed the advice that these professionals gave them. People's personal and health care needs were met and care records guided staff in how to do this.

Staff were caring and kind and treated people with respect. People's right to privacy was maintained by the actions and care given by staff members.

People were supported with enough social stimulation that they needed throughout the day including hobbies, interests and activities.

Complaints were investigated and responded to and people knew who to go to, to do this.

Staff worked well together and were supported by the management team. The monitoring process looked at systems throughout the service, identified issues and staff took the appropriate action to resolve these.

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 was safe.

Risks to people had been identified and staff knew how to minimise these risks.

People were supported to take their medicines as prescribed.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

### Is the service effective?

Good ●

The service was effective.

The provider was acting in accordance with the Mental Capacity Act 2005 legislation to protect people's rights.

Staff were trained and supported to enable them to meet people's individual needs.

People's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People were looked after by kind and attentive staff.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained detailed information so people's care and support needs could be met. Staff were knowledgeable about the people that they supported.

People were able to choose their hobbies, interests and activities provided both in the service and in the community.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

**Is the service well-led?**

**Good** ●

The service was well-led.

The culture of the service was positive and inclusive.

The management were described as approachable by staff and people who use the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

# 128 Suez Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 August 2017 and was unannounced. The inspection was carried out by one inspector.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR) and we used this information to assist with the planning of the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with four people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day.

We looked at records in relation to two people's care. We spoke with the registered manager, team leader and two care staff. We looked at records relating to the management of risk, medicine administration, staff recruitment, training and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe at 128 Suez Road. One person when asked if they felt safe said, "Yes." Another person nodded their head and smiled. Observations we made showed that staff ensured that people's safety was protected. For example, staff reminded people when they were going out to remember their safety when crossing the road. People also had mobile phones to be able to contact staff when out in the community.

Staff demonstrated a good awareness of safeguarding procedures and who to inform if they witnessed or had an allegation of abuse reported to them. Staff had all undertaken training in safeguarding people from harm. There was information in the office, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. Posters displayed in the service gave people information about who to contact outside the service such as the local safeguarding authority if anyone wished to do so. Staff were certain that their concerns would be taken very seriously by the management team. People were assured that staff were confident in protecting them from harm.

An effective system had been put in place to reduce the risk of people being harmed, while at the same time ensuring that people were supported to lead full and satisfying lives. Any potential risks to each person had been assessed and recorded. Guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence. The assessments were regularly reviewed and revised if the person's needs had changed.

Each person had a personal emergency evacuation plan (PEEP) in place, which gave staff and others, such as the fire service, detailed guidance about each person's needs if there was an emergency situation. The registered manager said that evacuations were practiced regularly and involved the people who lived at the service.

Staff files examined confirmed a robust recruitment and selection process was in place. Staff had been subject to a criminal record check before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. People told us and we could see for ourselves that there was enough staff available to meet their needs. One person told us, "There is always a member of staff around if we need anything." Another person commented, "If I need to talk, there is always some to talk to."

The registered manager explained that the staff rota was devised to ensure that there were sufficient staff on duty so that they could be deployed effectively. Staff told us that the rotas were adjusted when people chose different activities or outings; this ensured that each person's choices continued to be met. This meant there were sufficient staff deployed to meet each person's individual needs.

Systems were in place that showed staff managed medicines consistently and safely. Staff had a good knowledge of the medicines people were prescribed. Two people using the service told us that staff had explained the medicines they took, what they were called and what they were for. Risk assessments had

been carried out and strategies put in place to ensure that this was managed safely and that the person was kept safe by having their medicines with them wherever they were. Medicines were audited in full each month and by a daily count, which pinpointed discrepancies immediately. This meant that people were given their medicines safely and as they were prescribed.

## Is the service effective?

### Our findings

People made positive comments about the staff. One person said, "Yes, staff take me out. They are always around." Another person said, "They [staff] are great. I just need to ask for something and they help me."

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 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 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 confirmed they had received training in the MCA. They showed a basic understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. This told us that people's rights in this area were protected as people had no unlawful restrictions imposed on them.

Staff told us they had completed the Care Certificate as part of their induction. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health. It applies across health and social care and sets a minimum standard that should be covered as part of induction training of new care workers. A new member of staff told us as part of their induction they had shadowed an experienced member of staff, which had helped them to get to know the needs of the people they supported and cared for. Staff spoken with told us they received regular supervision where they had the opportunity to discuss the support they needed and to discuss their training and development needs.

People told us, and we could see for ourselves that they could choose what to eat from a choice of freshly prepared food. People had access to the kitchen and were supported to make their own snacks and meals. One person commented, "Food's good, I like it. Staff help me when we are preparing meals." Another person told us, "We all choose the evening meals on a weekly basis."

People were supported to maintain good health by the involvement of a range of external healthcare professionals, such as the GP, community nurses, chiropodist, dietician and optician. People told us they attended a range of health services. One person told us, "I go along to the doctor on my own but I tell staff what has happened." Another person said, "Staff will go with me to the doctor if I want them to."

## Is the service caring?

### Our findings

People looked content and were dressed appropriately. One person told us, "The staff are lovely and we go out shopping together." People were approached by staff in a friendly caring manner maintaining their dignity. There was a relaxed feel to the service and staff were focused on the people.

Staff we spoke with clearly demonstrated they had a good knowledge of people's individual needs and could describe what they liked, disliked and how they preferred to be supported. Staff demonstrated compassion and care towards people and had very positive attitudes towards giving people a good quality of life. Staff were clear that their role was to promote independence and encourage people using the service to do as much as they could for themselves. We observed staff supporting one person to make their own hot drink. Staff were aware the person was at risk of harm when pouring hot water from the kettle; therefore staff did this, but stood back so the person could finish making their drink, so they felt involved.

People told us they were involved in making decisions about their care. One person told us they met regularly with their keyworker to discuss how things were going. [A key worker is a named member of staff who works with the person and acts as a link with their family]. People told us they attended weekly meetings where they were involved in making choices about how they spent their day, places they wanted to visit, and what they wanted to eat. One person told us, "I get on with staff; I can plan my own day and ask for help with transport."

A staff member commented, "All staff work well together and we work for the residents [people who live at the service]. Whatever they want to do they can do." Throughout the inspection staff sat with people and offered them various activities and objects to keep them interested. Staff spoke about people's holiday that they had planned. The person continued to smile and rub their hands, which demonstrated that they were excited at the prospect. This showed us that people's wellbeing was put first and foremost.

People's privacy and dignity was respected and staff engaged with people in their preferred way. Staff would ask people for their consent and input even if communication was limited. When we asked people if staff knocked on their doors, one person said, "Yes." Another person nodded their head and smiled. This was confirmed during our inspection where we saw staff knocking on doors and waiting for a response before entering.

Staff understood the need for confidentiality. Files were kept in the office and accessed on a need to know basis. This helped to protect people's private information and keep it secure.

Staff told us that it was important to them that they treated people with respect, dignity and promoted their independence. One staff member told us, "It is important for people to have their dignity protected. We have been encouraging people to do more things for themselves rather than do it for them. This has helped them to become more independent. One person now goes out alone." Another member of staff told us, "I just want to make people as happy as they can be."

Staff told us people were encouraged to maintain personal relationships and were supported to do this. People told us they regularly visited their relatives and their friends. People told us that relatives came to the service when they were invited by them.

## Is the service responsive?

### Our findings

The registered manager told us that an assessment of the person's needs was always undertaken before a person was offered a place at the service. Staff also encouraged people to visit the service and look around to make sure it suited them prior to them moving in.

We found that care plans were detailed, easy to follow and read. All care plans contained details about people's life history and their likes and dislikes. The plan set out what was important to each person and how staff should support them. The care plans were reviewed on a regular basis and where new areas of support were identified, or changes had occurred these were then included. The plans provided detailed guidance to staff and ensured they had the required information to provide the appropriate support. Guidance from other health care professionals was incorporated into the plans. People had been consulted and involved in developing and reviewing their care plan. Daily records provided evidence to show people had received care and support in line with their care plan.

People enjoyed a wide variety of hobbies and interests of their choosing. There were lots of activities that people took part in which included attendance at a local day centre, church services in the community and visiting friends. People told us or showed us photos of their individual interests. People were interested in visits to the seaside, the local pub and to a bowling centre. People also were keen to tell us of their up and coming holidays that they have booked. Some were being supported by the staff at the service. Others were going on a holiday that specialised in supporting people with learning disabilities.

The provider had a complaints policy and procedure that was displayed on notice boards around the service. Staff told us they supported people to raise any concerns if they were unhappy. When we asked one person if they had any concerns about their care they responded by saying, "No". Two formal complaints had had been received and these had been dealt with in line with the company policy. Staff told us there was a process in place that was called 'see something, say something'. This was to enable people to raise concerns in a confidential manner.

## Is the service well-led?

### Our findings

The service provided a positive and open culture. Staff members told us that there was a stable staff group and that they got on well together. The registered manager described the staff team as, "Excellent and work well together." They put the people who lived at the service first and foremost.

Staff said that they felt supported by the registered manager and said that they were approachable and a good support for all staff. Our observations showed that the registered manager spoke with staff in a positive and appropriate way. Staff helped people to maintain links with the local community by visiting local shops and amenities. We concluded that staff members were supported and that the service was well run, with an open atmosphere.

A registered manager was 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. People told us that they were happy living at the service. Staff and people said that they saw the registered manager around the service and knew who they were. They were able to name them.

The registered manager was dedicated to providing a good service. They were passionate about the people living there. They described the atmosphere in the service as open, transparent, friendly and one that treated people with dignity and respect. They told us they worked alongside staff to assess and monitor the culture in the service, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity throughout the inspection.

The provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. This included carrying out surveys to obtain feedback from people using the service, their relatives and staff. We reviewed the results of these surveys. All contained positive feedback about the service provided, the staff and the registered manager.

The registered manager had informed the CQC of significant events in a timely way. This included notifications about accidents and incidents and where people had a DoLS in place. This meant that CQC was able to monitor the overall health, safety and wellbeing of people who used the service.

The registered manager monitored accidents and incidents and made an analysis of incidents to look at any trends and take the interventions necessary to reduce these reoccurring.