Voyage 1 Limited

# Voyage 1 Limited - 23 Barncroft Street

**Inspection report**

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Date of inspection visit: 9 February 2015
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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 provider is registered to accommodate and deliver personal care to four people. People who live there may have a learning disability or associated need.

Our inspection was unannounced and took place on 9 February 2015. The inspection was conducted by one inspector.

At our last inspection in April 2014 the provider was meeting all of the regulations that we assessed.

A manager was registered with us as is required by law. 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.

# Summary of findings

We found that there were clear procedures in place to ensure that people received a service that was safe. Staff followed the provider's procedures to ensure the risk of harm to people was reduced and ensured that they received care and support in a safe way. We found that where people received support from staff with taking prescribed medicines, this was done in a way that minimised any risks to people.

People told us that they felt that there were enough staff to meet their individual needs. Staff were trained and competent to support the people who lived there effectively and safely. We saw that staff received induction training and the support they needed to ensure they did their job well.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

Staff supported people with their nutrition and health care needs. We found that people were able to make decisions about their care and they and their families were involved in how their care was planned and delivered. Systems were in place for people and their relatives to raise their concerns or complaints.

Everyone we spoke with told us that the quality of service was good. The management of the service was stable, with processes in place to monitor the quality of 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

People and their relatives told us that the service was safe.

Procedures were in place to keep people safe and staff knew how to prevent people being at risk of abuse and harm.

Staff received training and guidance to ensure medicine safety. People were given their medicine as it had been prescribed by their doctor to maintain their health and wellbeing.

There were sufficient staff that were safely recruited to provide care and support to people.

**Is the service effective?**
The service was effective.

Good

People received effective care and support as staff were trained and supported to ensure they had the skills and knowledge to support people in the way that they preferred.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and received care in line with their best interests.

People were supported to take the food and drink that they liked in sufficient quantities to prevent ill health.

Staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support.

**Is the service caring?**
The service was caring.

Good

People told us that the staff were nice and kind and we saw that they were. They gave people their attention and listened to them.

People's dignity and privacy were promoted and maintained and their independence regarding daily life skills and activities was encouraged.

Staff encouraged people to make their own choices regarding their daily routines.

**Is the service responsive?**
The service was responsive.

Good

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Staff were responsive to people's preferences regarding their daily wishes and needs.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led.

A registered manager was in post and all conditions of registration were met. The registered manager knew their legal responsibilities towards staff and to ensure that the service provided was safe and met people's needs.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The service was monitored to ensure it was managed well. The management of the service was stable, open and inclusive.

# Voyage 1 Limited - 23 Barncroft Street

**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.

Our inspection was unannounced and took place on 9 February 2015. It was conducted by one inspector.

We usually ask the provider to send us a Provider Information Return (PIR), before we inspect. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. On this occasion we did not make the request, so the provider was unable to complete a PIR.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. We asked the local authority their views on the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection we met and spoke with all of the people who lived there. We spoke with two members of staff, the registered manager and a visiting health care professional. Following our inspection we spoke with two relatives by telephone to get their views on the service provided. We spent time in communal areas observing routines and the interactions between staff and the people who lived there. We looked at two people's care and medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We looked at three staff recruitment records and the training matrix.

Good

# Is the service safe?

## Our findings

People told us that they felt safe living there. A relative we spoke with told us, "I have no concerns. about their safety". Our observations showed that people who lived there were comfortable and at ease in the presence of staff. We saw that they had confidence to approach the staff if they wanted something or to ask them questions. Staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, "I am not aware of any concerns. If I saw something I would not hesitate to report it. I know the manager would deal with it". This confirmed that staff were aware of the reporting systems they should follow, in order to protect people who lived there from abuse.

Staff we spoke with were aware of people's risks and records that we looked at showed that there had been no recent falls, incidents or concerns. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These included mobility assessments and those relating to people accessing the community independently.

Staff told us and the training matrix we looked at confirmed that they had either received all the training they needed or it had been highlighted that the training needed to be arranged. One staff member said, "I have done all my training. We have a lot of training all of the time".

We asked staff what they would do in certain emergency situations. They told us that they would assess the situation, reassure the person, summon help from other staff and dial 999 or call the GP. This showed that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care in such circumstances.

All people confirmed that they were happy to take their medicine from staff. A person said, "The staff look after my tablets. I am happy with that". Another person told us that they liked to self-administer a special medicine and they did this with support from staff. This showed that people were given their medicine in the way that they preferred.

We saw that recordings of the temperature of the medicine storage facility were available to demonstrate that medicines were being stored at the correct temperature to prevent them being ineffective. The key to the medicine cupboard was held by the person in charge so that there was no risk that unauthorised people could access the medicines

We looked at Medicine Administration Records (MAR). We saw that the MAR were maintained correctly. We carried out an audit of the medicine; we looked at records to see how much medicine should have been available against what was actually available and found that the balances were correct. We saw that care plans were in place to instruct staff in what circumstance medicine prescribed as 'when needed' should be given. This prevented people being given medicine when it was not needed or not being given medicine when it was needed. This confirmed that processes were in place to ensure that people received their medicines as they had been prescribed by their doctor to promote their good health.

We saw that at least one MAR had been handwritten by staff. However, it had not been checked and signed by another staff member to make sure that the transcribing from the medicine bottle/box label to the MAR was correct to prevent medicine errors. We highlighted this to the registered manager during our inspection who said that they would remind all staff that they must do this.

People we spoke with told us that there were enough staff to meet their needs. A person said, "I think there are enough staff we can do what we want to do". Staff we spoke with told us that staffing levels were adequate to meet needs and to keep people safe. There were systems in place to cover staff leave. The registered manager told us about the process they would follow when there was a need for cover. This included accessing bank staff or asking off duty staff to cover. A staff member said, "There is never a problem. We cover each other". This meant that staffing levels would consistently ensure that the people who lived there would be supported appropriately by familiar staff.

We found that safe recruitment systems were in place. We checked three staff recruitment records and saw that the required pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. Staff we asked confirmed that checks are carried out before new staff were allowed to

Good

# Is the service safe?

start work. The registered manager confirmed, “The full checks always need to be completed before new staff can work here”. These systems minimised the risk of unsuitable staff being employed.

Good

# Is the service effective?

## Our findings

All people we spoke with indicated that the service provided was effective. One person said, "It is good here". A relative said, "The place is nice". An external health care professional confirmed that the staff always followed instructions that they gave them. The local authority told us that they were not aware of any concerns or issues.

Staff told us and records we looked at confirmed that induction training for new staff was delivered. A staff member said, "All staff look at policies and work with an experienced staff member during their induction". All staff we spoke with told us that they received regular supervision and support. A relative told us, "The staff all do as they should". This showed that staff were supported to have the knowledge and support they required when they first started work and were given guidance through one to one supervision thereafter.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find. Staff and records we looked at confirmed that where it was determined that a person lacked capacity they involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest.

Staff we spoke to gave us a good account of what capacity meant and what determined unlawful restriction and what they should do if they had concerns. The registered manager had applied to the local authority as is required regarding a DoLs issue for one person. This confirmed that staff knew what action they should take/ and had taken the required action to ensure that people did not have their right to freedom and movement unlawfully restricted.

During our inspection we observed and heard staff seeking people's consent before care or support was given. Staff were taking one person out who required a wheelchair. We heard staff explain to them and ask them to get into the wheelchair. We saw they did this willingly and happily

Staff we spoke with and records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's specialist health care teams and speech and language therapists. We saw that people received regular dental and optical checks. We saw that routine screening had been accessed to detect any condition at an early stage. During our inspection a health care professional visited to assess one person. This ensured that the people who lived there received the health care support and checks that they required.

All people we spoke with told us that they liked the food and drinks offered. A person told us, "We can choose what we eat and drink. Another person told us about the menu planning. They said, "We do the planning we discuss what we want and write a menu". We saw that they were doing the menu for the following week. A person who lived there showed us the kitchen and the food stocks. We saw that food stocks were satisfactory. Records we looked at confirmed that people enjoyed a varied diet which contained meat, fish, fruit and vegetables. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness.

We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. Staff told us that one person wanted a lie in. We saw that they got up midmorning and were offered a late breakfast. We also found that staff were aware of risks due to choking. One person's care plan highlighted that they could be at risk of choking. During the meal time we heard staff encouraging the person to eat slowly to prevent them being at risk of choking.

Good

# Is the service caring?

## Our findings

All people we spoke with told us that they liked the staff. A person said, "Yes they are all good". A relative told us, "The staff are very caring". We observed staff interactions with the people who lived there. We observed that staff greeted people when they got up. We saw that staff took time to listen to what people said. We saw that people responded to this by talking with staff and having confidence to inform them of their wants and needs for the day.

People told us that staff were polite and helpful. During the day we heard staff speaking to people in a respectful way. Relatives told us that the staff were polite and friendly towards them. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice by ensuring toilet and bathroom doors were closed when those rooms were in use and knocking bedroom doors and waiting for a response before entering. Records highlighted that staff had determined the preferred form of address for people and we heard that this was the name they used when speaking to them.

We saw that communication passports were available for people who needed these. They highlighted how people communicated and gave staff valuable information so that they could meet their needs. The communication passport highlighted how the person would show that they were sad, happy or in pain. We saw staff communicating with the person using words and hand signs. We saw that the person understood and responded by communicating back or happily going to do a task.

A person told us, "I do everything I can for myself and am glad I do". A staff member told us, "We always encourage people to do as much as they can for themselves". Care plans we looked at highlighted that where possible staff should encourage people to be as independent as possible regarding daily living tasks. During our inspection we saw people preparing drinks and snacks independently and do some cleaning tasks. They looked happy and were smiling whilst undertaking the tasks. Another person said, "I would not like it if everything was done for me". This highlighted that staff knew it was important that people's independence was maintained.

We heard staff encouraging people to make their own choices regarding their daily routines and what they wanted to eat. Throughout the day we heard staff asking people what they would like to do and what they had planned for the day. We saw people going out into the community and returning independently or with support from staff. People confirmed that they selected what they wanted to wear each day. This showed that the staff knew that is was important to enable people to make choices and decisions about they lived their lives.

People told us that they liked to spend time alone. A person said, "I like to go in my bedroom and stay there on my own and they [the staff] let me". With their permission we looked at a person's bedroom. The room was personalised to their taste and we saw that they had numerous personal possessions kept in there. This meant that people were allowed time alone for privacy and had private space where they could spend time if they wanted to.

All people we spoke with told us that it was important to them where possible to maintain contact with their family. During the inspection one person returned from a weekend with their family. They said, "Yeah. I like going there". Relatives we spoke with confirmed that staff enabled them to have as much contact with people as possible. Records we looked at and staff we spoke with highlighted that [unless determined by social services due to a concern] there were no visiting restrictions and families could visit when they wanted to.

Good

# Is the service responsive?

## Our findings

People told us that staff involved them in care planning so they could decide how they wanted their care and support to be delivered. A person said, "I know all about my care plans. I can look at them when I want to. I signed all of them". Records we looked at and staff we spoke with confirmed that a recent reassessment of people's needs had been undertaken that involved the local authority and other social care professionals. These processes enabled the provider to confirm that they could continue to meet people's needs in the way that they preferred.

All people told us that they accessed a range of recreational and preferred lifestyle activities on a daily basis. A person who lived there said, "I go out and come back when I want to. When I am here I like to listen to my music". One person supported a local football team and had a season ticket so that they could watch their team play. Another person's care plan highlighted how much they liked to travel on trains and buses. During our inspection they went out with the support of staff. When they returned they were very happy, smiling and excited. A staff member said, "We have been everywhere. All over on the bus. They [The person] loved it".

Staff told us and records confirmed that people had been asked and offered support to attend religious services. Records that we saw highlighted that people had been asked about their personal religious needs. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

A person who lived there said, "I would speak to the staff if I had a complaint but I have not got any". Only one complaint had been made and this was an issue that did not relate to any person who lived there. The provider had ensured that people and their relatives knew that complaints processes were available for them to use. We saw that a complaint procedure was available in the premises for people to read and access. It was available in words and pictures so that people may understand it easier. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave contact details for the local authority and other agencies they could approach for support to make a complaint.

Good

# Is the service well-led?

## Our findings

We found that a positive culture was promoted that was transparent and inclusive. A relative said, “They always let us know if things change”. We saw from records and this was confirmed by the people who lived there that they and their relatives were invited to reviews and had the opportunity to discuss and raise issues.

We saw minutes of meetings held for the people who lived there. These were held often and included all of the people. A person told us, “We have meetings so we can tell the staff what we want. It is good”. The meeting minutes highlighted that important things were discussed which included things that were to happen; a pending decoration programme and people had been asked how they would like their bedroom to be decorated; menus and activities. One person said, “I want to go abroad on holiday and the staff are sorting that”.

The provider had a clear leadership structure that staff understood. There was a registered manager in post with no recent changes of managers so the management of the service was stable. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us of. One staff member said, “The manager is helpful and supportive”. Another said, “Weekends, bank holidays, anytime there is always someone we can contact if we need advice”. Staff we spoke with explained the on call process and who they needed to contact in an emergency.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident arouse.Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, “If I had any concerns I would report them straight away. I know that the manager would support me with this”. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.

We saw that ‘formal’ audits were completed regarding for example, medication systems and fire safety. We saw that where needed corrective action had been taken to make improvements. The process included a three stage audit of our Regulations. We saw that where non-compliance had been identified an action plan had been completed for improvements to be made. We looked at the action plans that had been produced after the audits were undertaken. We saw that the majority of issues raised had been corrected or addressed. This showed that the provider had taken appropriate steps to ensure a good quality of service.