

# Voyage 1 Limited

# Tentelow Lane

## 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 took place on 14 April 2015 and was unannounced. The last inspection of the service took place on 1 April 2014 where we found no breaches of Regulation.

The service is registered to provide accommodation and personal care for up to four adults who have a learning disability. The provider owns and manages the next door property which is also a registered care home for four adults who have a learning disability. Although both homes are registered independently, the properties were

joined by a connecting internal door and both services were run as one home with people from both houses sharing facilities, staffing, activities and meals. There were four people living in each of the homes.

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 and associated Regulations about how the service is run.

# Summary of findings

People told us they liked living at the home and were happy there. Some of the things they said were, “this house is fantastic”, “I am in the best place” and “I am very happy here now.” One person told us the home and the support they received “made them happy”.

The staff told us they were well supported and enjoyed working there. They told us they cared about the people they supported and had good relationships with them.

There were procedures designed to safeguard people and the staff were aware of these. They had received relevant training and information. Risks to people’s wellbeing and safety had been identified, assessed and appropriately managed. People received their medicines in a safe way to meet their needs. There were sufficient staff employed and the provider had checked their suitability to work with vulnerable people.

The staff had the support, information and training they needed to care for people safely.

The Care Quality Commission monitors the implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to make sure registered providers are acting within their legal responsibilities. The provider had assessed people’s capacity to consent. People had consented to their care. The provider had made applications in accordance with their legal responsibilities.

People were given the support they needed to stay healthy and see other healthcare professionals as needed. They had a varied and nutritious diet.

The service was caring. People who lived at the home and the staff had positive relationships. People trusted the staff and thought they were kind and caring. People’s privacy and dignity was respected. The staff met people’s diverse needs, making sure they could access services, could communicate their needs and follow their chosen religion and culture.

People had their needs assessed, recorded and regularly reviewed. There were care plans and support guidelines which explained how the staff should support people to meet their needs. People living at the home took part in a wide range of activities both in the home and in the community. They learnt new skills and were involved in shopping, cooking and cleaning at the home.

There was an appropriate complaints procedure and people knew how to make a complaint or raise concerns.

There was a registered manager who had worked at the home since it opened and knew the service well. People living there and the staff felt happy and involved in planning how the service was managed.

There were appropriate systems to monitor the quality of the service. These included asking people living at the home, staff and other stakeholders for their views. The staff and manager reviewed and analysed incidents, learning from these and managing the risks to people in a safe and positive way.

# 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. There were procedures designed to safeguard people and the staff were aware of these. They had received relevant training and information.

Risks to people's wellbeing and safety had been identified, assessed and appropriately managed.

People received their medicines in a safe way to meet their needs.

There were sufficient staff employed and the provider had checked their suitability to work with vulnerable people.

Good



### Is the service effective?

The service was effective. The staff had the support, information and training they needed to care for people safely.

The Care Quality Commission monitors the implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to make sure registered providers are acting within their legal responsibilities. The provider had assessed people's capacity to consent. People had consented to their care. The provider had made applications in accordance with their legal responsibilities.

People were given the support they needed to stay healthy and see other healthcare professionals as needed. They had a varied and nutritious diet.

Good



### Is the service caring?

The service was caring. People who lived at the home and the staff had positive relationships. People trusted the staff and thought they were kind and caring.

People's privacy and dignity was respected. The staff met people's diverse needs, making sure they could access services, could communicate their needs and follow their chosen religion and culture.

Good



### Is the service responsive?

The service was responsive. People had their needs assessed, recorded and regularly reviewed. There were care plans and support guidelines which explained how the staff should support people to meet their needs.

People took part in a wide range of activities both in the home and in the community. They learnt new skills and were involved in shopping, cooking and cleaning at the home.

There was an appropriate complaints procedure and people knew how to make a complaint or raise concerns.

Good



### Is the service well-led?

The service was well-led. There was a registered manager who had worked at the home since it opened and knew the service well. People living there and the staff felt happy and involved in planning how the service was managed.

Good



# Summary of findings

There were appropriate systems to monitor the quality of the service. These included asking people living at the home, staff and other stakeholders for their views. The staff and manager reviewed and analysed incidents, learning from these and managing the risks to people in a safe and positive way.

# Tentelow Lane

## 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.

The inspection took place on 14 April 2015 and was unannounced.

The inspection team consisted of one inspector. Before we visited we looked at all the information we held about the service, including the last inspection report and notifications from the provider about safeguarding alerts and other incidents.

The provider owns and manages the next door property which is also a registered care home for four adults who have a learning disability. Although both homes are registered independently, the properties were joined by a connecting internal door and both services were run as one home with people from both houses sharing facilities, staffing, activities and meals. During the inspection we met and spoke with seven of the eight people who lived there. We spoke with the registered manager, deputy manager and four support workers. We observed how people were being cared for and supported. We looked at how medicines were managed and the health and safety of the environment. We also looked at the care records for four of the people living at the home, records of staff training and recruitment for four members of staff, records relating to accidents, incidents and checks on the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the home. They said they could discuss any concerns they had with the staff and they “put things right”. The manager told us that two of the people living at the home acted as representatives for everyone and if they had any concerns about safety they reported these. He said they had told him when they felt staff had spoken to someone in an unkind way or behaved in a way which put someone at risk.

There were procedures regarding safeguarding vulnerable people and whistle blowing. The staff were aware of these and could tell us what they would do if they were concerned about someone’s safety and wellbeing. For example one member of staff said, “if we think someone is at risk we tell the manager and we can tell the local authority safeguarding team too.” The staff had regular training on safeguarding adults. We saw that safeguarding was also discussed during team meetings so the staff were reminded of their responsibilities and what constituted abuse. The staff told us that following any incidents or concerns for people’s wellbeing they had a debrief discussion as a team to decide what could be done differently in the future to help protect people.

The manager recorded and audited all safeguarding concerns. These had been shared with the local authority safeguarding team and investigated. There was evidence of learning from incidents to prevent them from reoccurring.

There were suitable procedures for supporting people with their finances. Money held on behalf of people living at the home was regularly checked and audited.

The environment had been assessed to make sure risks had been identified. There were action plans to minimise the likelihood of harm. There were regular checks on the environment and cleanliness. There was an up to date fire risk assessment. The staff undertook regular checks on fire safety equipment, water temperatures and health and safety. These were recorded and there was evidence that action had been taken when things were not right. We saw evidence of checks on water, fire, gas and electrical safety. One person told us, “the staff are always cleaning everywhere – it is very clean, the night staff always make sure the home is clean” and another person said, “if something is wrong with the building they come and sort it out if it is broken.”

The staff had assessed the risks for each individual, for example when people left the home, used public transport and used equipment in the home. These assessments included information so the staff could support people to take risks whilst keeping them as safe as possible. Risk assessments had been regularly updated.

There were appropriate procedures regarding the storage, administration and disposal of people’s medicines, including additional procedures for the administration of PRN (as required) medicines. All medicines were stored securely. The staff had been trained to administer medicines and had a range of information on the safe handling of these. The manager carried out competency assessments on all staff at least once a year to make sure they were able to administer medicines safely. The staff carried out audits of medicine administration records and stock three times a day. Senior staff carried out more comprehensive audits of medicines management weekly. Records relating to medicines were accurate and up to date. There was a profile of each person’s medicines needs and information about why they needed their medicines. Therefore people could be confident their medicines were managed in a safe way and they received the right medicines.

The provider employed sufficient staff to meet the needs of people living at the home. One person told us, “there is always staff available to talk to or if I need them to help me.” The manager said that he had reviewed the way in which staff were deployed to make sure people had support at the times of the day they needed this most. The provider did not employ agency staff and staff vacancies and absences were covered by staff overtime or regular casual workers employed by the provider. The manager told us this meant there was good continuity of care and everyone working at the home knew people’s needs well.

There were appropriate procedures for recruiting staff. The manager carried out formal interviews with potential staff. Additional checks on their suitability were made by the provider, these included criminal record and reference checks. We looked at the recruitment records for four members of staff and saw that these checks had been made before they had started work at the service.

# Is the service effective?

## Our findings

People told us they were very happy with the staff who worked at the home. They said they were well supported and the staff were very “nice”. The staff told us they were well supported and had the training and information they needed to care for people. Some of the things the staff told us were, “we are very well supported and have lots of opportunities to train and develop if we want to do something new”, “we look after each other and have different skills, we match the skills we all have to what needs to be done, helping each other out”, “we get good support and regular supervision”, “there is good training and opportunities if we want to try something new or further our career” and “we can talk through any problems in supervision.”

There was evidence of good communication between the staff. They used a book to write messages to each other about the service. The manager had also displayed a number of important messages in the office. There were three daily hand overs of information when the staff changed shifts. This included discussions about the people who lived at the home and their needs.

New staff undertook an induction into their work, shadowing experienced members of staff and receiving a range of training. Training for all staff included health and safety, safeguarding vulnerable adults, first aid, food hygiene, manual handling, medicines administration and learning disabilities. The provider had a data base to record all staff training and when refresher training was due. The manager and individual staff monitored this and undertook refresher training via computer training and with external trainers. At the time of our inspection all training the provider considered mandatory had been completed. Therefore people living at the home could be confident that the staff had the skills and knowledge they needed to support them.

People’s capacity to consent to decisions about their care and support had been assessed by the manager. These assessments had been recorded and there was information about each person’s ability to make decisions. This included how they expressed decisions, when they were most receptive to information, what staff could do to help them understand decisions and if there was any decisions, such as invasive medical treatment, which the person may need additional support to understand.

Care and support guidelines recorded people’s know choices and preferences and indicated that staff needed to support people to make decisions at all times. People told us they were supported in this way. One person said, “I have a voice, it is my home and my choice”.

The staff had all received training in the Mental Capacity Act 2005 and were able to tell us about some of their responsibilities under this Act. The staff knew that people’s capacity to consent needed to be assessed and that they were able to make decisions about their care and treatment.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

There were no restrictions in the home and people were free to leave when they wished and access all communal areas. The manager told us that two of the people living at the home lacked the capacity to understand some of the dangers involved with accessing the community. He said for this reason they would need to be escorted if they chose to leave the house. Therefore he had made a DoLS application to the local authority in respect of this. We saw records relating to this.

People told us they had enough to eat and drink. They were able to use the kitchen to make snacks and drinks whenever they wanted. Everyone was involved in planning the menu for the home, shopping and preparing meals. The planned menu was shared with everyone and put on display. Alternatives were available for people who wanted these. On the day of our visit we saw people enjoying a healthy lunch. Menus indicated that meals were varied and nutritious. The kitchen was stocked with fresh and good quality food.

One person told us, “I like to do cooking and am learning how to bake cakes” and “we go house shopping for the food with the staff each week.” Another person said, “we all chose what we want to eat, we all choose the menu for a certain day and help to cook this.”

People’s nutritional needs had been assessed by the staff. Some people were on specialist diets for health and cultural reasons. These had been recorded and suitable

## Is the service effective?

diets were provided. People's weight and the food they ate were recorded. The staff were aware of people's various needs, such as diabetes. They knew how to monitor these needs and make sure people stayed healthy.

Health action plans had been created for people living at the home. These included details of their specific health needs and who would support them with these. People told us the staff helped them stay healthy and they could see the doctor whenever they needed. One person told us, "the doctor is happy with me because I gave up smoking." We saw evidence of regular consultation with health care

professionals. Information from these professionals had been included in support plans. The manager told us they worked closely with the GP and other healthcare professionals who supported people. The staff told us they knew how to keep people healthy and monitor changes in their health. One member of staff said, "I have seen people's health improve and they get good support to stay healthy." We saw evidence that the staff monitored people's health daily, recorded this and made sure other staff were aware of any changes in their health.



# Is the service caring?

## Our findings

People told us they had good relationships with the staff, who were kind, caring and polite. Some of the things people said were, “all the staff are so nice”, “the staff are very kind” and “they are all very good.” People mentioned particular staff members by name and gave examples of things they did together and how much they enjoyed this.

We observed the staff being friendly and kind towards people. They shared jokes with them, listened to people and asked them what they wanted throughout the day. The atmosphere at the home was relaxed and people were at ease with one another. The staff offered people choices with regards to what they did, what they ate and how they spent their time. People told us they were always able to make decisions about their lives. One person said, “it’s our choice – we get involved and decide what we want.”

The staff spoke fondly about the people they supported. Many of them had worked at the home for several years. They said they knew people well and knew how to meet their needs and make sure they were happy. Some of the things the staff told us were, “the residents come first”, “we know the residents so well. It is great to see them making progress and positive changes”, “we work from the heart not for the money, it is so good to care for people” and “we always want to do our best for them, I care for them so much.”

The staff made sure they gave people information to help them make choices, for example showing them the food they were serving and asking them about portion sizes, condiments and what they would like to eat. There were

notice boards with photographs of the staff on duty on display so people knew who was supporting them that day. There was also a pictorial menu so people were aware of the choice of food. The staff were all trained to use Makaton (a type of sign language). We saw them using this to communicate with one person. The staff took time to understand what the person was telling them and made sure the person understood their response. The staff supported another person who was registered blind to understand about hazards in their environment and to explain what food was on their plate at lunch time.

The staff usually supported people of the same gender with intimate personal care. However, on some occasions female staff were required to support a man. The man had stated he was happy for this and this was recorded. The staff told us they had a procedure to record this support each time it happened and had to state why they had given this support instead of a male member of staff.

People’s privacy and dignity was respected. The staff attended to people’s personal needs discretely and appropriately. People had their own bedrooms and en-suite facilities.

People living at the home had different cultural backgrounds. The staff supported people to meet these through providing different meal choices, supporting people to attend places of worship, making sure people had access to culturally appropriate entertainment and visiting places of interest. Information about people’s cultural and religious needs was recorded in their care plans.

# Is the service responsive?

## Our findings

People told us the service met their individual needs. Some of the things people told us were, 'This house is good, the staff teach us how to do things for ourselves', 'this is our house and the staff show us how to do things for ourselves', 'the night staff always check on us to make sure we are safe at night', 'I have two keyworkers, they help me if I have a problem, they take notes, listen to us and discuss this with the manager', 'I attend a group where I learn to speak up for myself and the others' and 'I think of my own goals and things I want to do and the staff tell the manager.'

People told us about the social activities they liked doing. One person told us that they enjoyed playing darts. They showed us the entertainment system in their bedroom and told us they liked to watch DVDs. They said they were going on holiday with other people from the house and they were looking forward to this. Some of the things people said were, 'this is a very busy place, we are always going out shopping or to activities like bowling, the cinema, meals out', 'the staff take me shopping for the things I need like shampoo and shower gel', 'we love to go to Brentford leisure centre, bowling, swimming and to the sensory room', 'we are all going on holiday, we chose where to go, the manager gave us some brochures and we decided where we wanted to go', 'I like to go to the pub' and 'I go to church each week.'

People said they were supported to learn new skills and to make good use of the local community. One person said, 'The staff are teaching me how to travel on my own, I go to some places on my own walking or on the bus, and am learning to be more independent.' Another person told us, 'the staff are nice they take me shopping.'

Each person had their needs assessed by the staff. There were detailed care plans and support guidelines which explained what people could do for themselves and what support they needed. These were regularly reviewed and we saw evidence of this. Each person had an assigned keyworker who met with them regularly to find out if they were happy with their support and any changes they would like. The records of these showed that people were asked, 'what is working' and 'what is not working'. We looked at a sample of these meetings and saw that people were positive about their experiences, saying that their needs were met and they were happy. Where they, or the staff, had suggested changes we saw these had been actioned and people had been given support to try new things.

The manager told us that he had reviewed and adjusted staff hours to enable people to take part in more activities during the day. People had planned schedules of activities. Records of the support people received showed that they were busy pursuing things that interested them and met their needs.

There was an appropriate complaints procedure and this was shared with people who lived at the home and was on display. Following comments made by relatives and professionals after a recent survey of their opinions, the provider made sure all external stakeholders were sent an updated copy of the complaints procedure and what they should do if they wanted to raise a concern.

All complaints were recorded and the provider's quality monitoring reviewed and analysed complaints and concerns to investigate trends and look at how these could be minimised. One person told us, 'if something is not right I tell my keyworker or the manager, they have a meeting and put things right.'

# Is the service well-led?

## Our findings

The manager had been in post since the home was registered and first opened in 2002. Many of the staff had also worked at the service for years. There was a positive culture and people living at the service and the staff were happy, relaxed and cared about one another. The staff told us the service was well managed. They said they were able to contribute their views and speak with the manager. They said they felt listened to and valued. One member of staff said, “(the manager) is great, he knows everyone and the service is well managed.” Another member of staff told us, “(the manager) is very hands on, he works with the residents.”

One person told us, “the organisation listens to us and what we have to say.” They told us they felt involved in the home. Quarterly satisfaction surveys were shared with people living at the home, their relatives, staff and other stakeholders. We saw the results of these had been analysed and action plans had been created where concerns were identified.

The manager told us about some of his strategies for supporting staff and improving the service. He spoke about how the staff discussed and analysed any incidents that had happened. He told us he encouraged the staff to think about what they could have done differently and how the person involved in the incident might have felt. We saw evidence of this. The manager spoke about how these discussions helped prevent further incidents. For example, the staff had observed that some people became agitated when they were hot, so they had thought about different ways to keep people and the temperature of the house cooler in hot weather.

The provider employed an operations manager who oversaw the management of the home and other local

services. People living at the home told us she visited regularly and spoke with them about their experiences. One person said, “the operations managers comes to speak to me when she visits, she asks me about whether I am happy and if anything is wrong, she visits regularly and she always talks to us.” People said they spoke with the manager and keyworkers regularly. One person told us, “I have one to one meetings with the manager so I can tell them what I think about the house.”

The provider undertook regular quality monitoring checks. These included checks by staff on the environment, health and safety, medicines management and people’s money, as well as checks on their wellbeing and contentment. The operations manager and registered manager also made quarterly checks on all aspects of the service, looking at how people were being cared for, and was the service safe, effective, caring, responsive and well led. We saw detailed records of these checks. The managers had recorded areas which needed improvement had and created action plans to address these. We saw that actions identified in past quality checks had been addressed.

The manager told us that he worked closely with healthcare professionals from the local community team. The staff met with some professionals, for example the behavioural therapists, and took their advice and guidance on best practice. There was evidence they had attended staff meetings and provided information about how to support particular people.

The records at the service were organised, up to date and accurate. There were contingency plans in case of emergencies and these were available for staff. There were good systems for managing the service each day and the manager delegated certain responsibilities to the staff.