

# Voyage 1 Limited

# Mawney 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

The inspection took place on 27 April 2017 and was unannounced. At our previous inspection on 27 February 2015, the service was meeting all legal requirements and was rated 'Good'.

Mawney Road is a care home for six people with a learning disability. There were six people living at the service at the time of our visit. The premises were spacious and provided accommodation on the ground and first floors.

There was a registered manager. 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.

Staff ensured that people were happy, comfortable and well presented in the service. People's relatives told us that they were satisfied with the support staff provided to make sure people were safe and their needs met. There were always enough staff on shift to support people. The staff recruitment processes were robust and staff were checked before they started work at the service.

Staff communicated well with each other and felt supported by the registered manager. Staff supervision and appraisal sessions enabled staff to review their practices and knowledge and to identify further training opportunities. The training staff received at the service were varied and relevant to the needs of the people who used the service. This ensured, among others, that staff knew adult safeguarding procedures and how to manage medicines safely.

Staff were aware of the Mental Capacity Act 2005 (MCA) and how it applied in practice. They could explain the procedures in place to ensure decisions were made in people's best interests.

People were encouraged and supported to live as independently as possible. The policies and systems in the service allowed people to be supported in the least restrictive way. People's care plans were developed based on their assessment of needs. The risk assessments were regularly reviewed to identify and reduce the possibility of an incident or accident happening to people.

Staff supported people to maintain a healthy lifestyle. People could choose the food they wanted and relatives confirmed that the food was good. People also benefitted from regular medical checks.

There was an open and transparent culture where people, relatives and staff could feel free to share their views and be confident that their concerns or comments could be taken seriously by the registered manager. The auditing and quality assurance systems were used as a tool for continuous improvement of the service. We made one recommendation regarding reviews of risk assessments.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Mawney 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 27 April 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and notifications we had received. A notification is information about important events which the service is required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing any potential areas of concern.

People living in the service had complex needs which meant they were not able to tell us about their experiences. We spent time in the service observing the care provided. We spoke with two relatives by telephone and spoke with the registered manager and two care workers.

As part of our inspection we observed how staff supported people and communicated with them. We looked at three people's care files, five staff files and the provider's policies, procedures and various records such as training, medicine administration, staff rotas and health and safety records.

# Is the service safe?

## Our findings

People appeared relaxed, happy and comfortable in their surroundings and interactions with staff and each other. Relatives told us that they felt people were safe within the service. One relative said, "[The person] has lived at the service [for a number of] years and, is safe. [The person] is happy." Another relative told us that they had no reason to feel the person was not safe. They told us their relative was always happy within the service.

There were different policies and procedures to ensure care staff had clear guidance about how to respect people's rights and keep them safe. This included systems on protecting people from abuse. The registered manager was aware that any safeguarding concerns were appropriately raised with the local authority safeguarding team or the police without delay. Care staff confirmed that they had read the policies and knew how to report incidents of abuse. Staff demonstrated a good understanding about what constituted abuse and how they would raise concerns of any risks to people and poor practice in the service. They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

We saw the service had arrangements in place to prevent any financial abuse. People had cash books to record and check what they were spending their monies on. We noted care staff counting money in and out for people and verifying their account to ensure balances were correct. The registered manager told us that monies were checked and recorded at the end of each shift. We randomly chose and checked two people's moneys and found that they were all correct. We saw that receipts were kept and the details of expenses were recorded.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff told us they had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

We saw the premises were clean, tidy, spacious and free from bad smells. Relatives told us that the service was always "very clean" and they were "very pleased" with people's rooms. The registered manager told us that there was a checklist to ensure that the facilities and equipment were maintained and kept in good working order to ensure people were safe. For example, regular tests and checks were completed on safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. Staff also completed health and safety training in addition to basic food hygiene, infection control and training on supporting people with epilepsy and behaviours that challenged the service. This showed staff had good knowledge of ensuring that the risk of spread of infections was controlled.

Each person had a risk assessment and a support plan which identified possible risks and the support they needed to make sure they were safe. The risk assessments were reviewed monthly or when required. We noted that the reviews did not reflect the actual support required, although staff explained what they were

doing to support people to ensure they were safe. We also noted that staff usually wrote repeatedly for most people over many months "no changes" to indicate the risk assessments remained the same. We discussed this in detail with the registered manager and recommended that best practice is adopted to ensure risk assessments are assessed with people and recorded.

Relatives told us there were enough staff to care for people. One relative said, "Yes, there are enough staff and they always come quickly [when the person needs support]". Another relative told us that they felt the staffing level at the service was enough to meet people's needs. During the inspection we saw that there were three care staff and the registered manager on shift, as according to the staff rot. The registered manager and rota also confirmed that night shift was covered by one waking night staff and an on-call member of staff. The care staff we spoke with felt that the staffing level at the service was enough to provide safe care.

There was a robust staff recruitment system in place. Staff files showed that new staff went through a recruitment procedure to meet the requirements of the provider's policies and procedures. An application form and an interview were completed and, two written references, and an evidence of identification obtained. Additionally, checks to ensure new staff had no criminal records were completed before they were employed and started caring for people.

Staff managed medicines well. Each person's medicines were kept securely in their rooms in boxes attached to the walls. The temperatures where the medicines were kept were daily checked and recorded. We checked two people's medicines and found the medicines in containers matched the records showing that staff administered and recorded them correctly. Staff told us and records confirmed that they had completed medicine administration training. We also noted that the registered manager audited the medicines weekly and monthly to identify and address any discrepancies.

# Is the service effective?

## Our findings

Staff were knowledgeable about people's needs and preferences. Staff understood how people wanted to be supported and communicated with them in a way they understood them. We noted staff asked people to make decisions about their care. For example, staff offered people choices of food and waited for them to decide on what they wanted.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us and records showed that DoLS authorisations had been received for four people. However, we noted the authorisation dates for all these people had expired and the registered manager was waiting for new authorisations at the time of the inspection. Records showed that the registered manager had completed appropriate documents before the authorisations expired. We saw a copy of correspondence which confirmed that the registered manager was working with the appropriate bodies to ensure the correct documents were in place for each person. Care staff told us they had completed this training and had a good understanding of what this meant for people to have a DoLS application agreed.

Staff had the knowledge and skills to carry out their role and meet people's individual care and support needs. The registered manager told us that new staff would need to complete induction training and this had been reviewed to include the requirements of the new Skills for Care Certificate. This is a set of standards for health and social care professionals, which gives people and relatives confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own.

Care staff received training that was specific to the needs of people using the service, which included training in adult safeguarding, challenging behaviour, moving and handling, medicines, first aid, health and safety, food hygiene, equality and diversity, infection control and epilepsy. Care staff told us their training had given them information and more understanding of how to support people with a learning disability. They told us that they were happy with the amount and variety of training opportunities they had at the service.

Staff told us that they worked as a team and that there was good system of communication. They told us

they recorded their contact with people and attended shift handover meetings to ensure that information about care was shared among staff. The process gave staff to discuss the activities that had been completed and that needed to be carried out to meet people's needs. The process was also used for auditing of people's finances.

Staff received supervision through one to one meetings and appraisals from their manager. These processes gave staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. Staff told us they were well supported through their supervision and appraisals. A member of staff told us they wouldn't have worked at the service for so long if they had felt not supported.

Staff monitored people's physical and general health needs and sought advice for any health care concerns. Records showed that proactive medical care such as flu jabs was provided and people had been supported to attend an annual health check and review of their medicines. We noted that the service worked well with healthcare professionals with evidence that regular medical reviews had taken place. Records showed that people regularly saw their GP's, psychiatric and psychologist consultants and had their medicines reviewed. Staff were also able to describe what to do if people had an epileptic seizure. This showed staff had knowledge to ensure people's healthcare needs were met.

Relatives told us that the food provided at the service was of a good standard. We noted that the weekly menus were prepared every Sunday. Staff explained how the menus were developed and said that they showed people cards with pictures of various food items and each person would choose their preference. This was then developed into the week's menu. Staff told us that people could also choose what was not on the menu. During the inspection at lunchtime we saw some people had food that was different from the menu. We saw staff provided appropriate support that encouraged people to eat their meals independently. Where people needed support with their food, this was provided by staff who respected people's preferences of where to eat at lunch time and how they would like their meals to be presented. We saw adequate fluid was provided with lunch and during the day.



# Is the service caring?

## Our findings

Staff treated people with kindness and compassion. Relatives told us that staff were "very caring" and that they were satisfied with the support people received. One relative said, "[The care at the service] is first class." Another relative said that "the smile on [the person's] face" showed them staff were caring and the person was happy within the service.

Staff asked people to make choices, for example, of food or drink and provided them with appropriate support. We observed staff communicating with people in a caring and understanding manner using various communication techniques such as gestures, speaking clearly and slowly and pictures. We saw staff kindly and politely communicating with people and explaining options to them. Staff did not rush when communicating with people or when caring for them.

People received care that reflected their needs. Each person had a care plan which detailed their needs and how staff should support them. A key working system was also in place. A key worker is a member of staff who takes lead responsibility in reviewing a person's care plan and ensuring that their needs are met.

Staff treated people with respect and dignity. We noted staff addressed people according to their preferences. We observed that people's privacy was maintained. For example, we saw staff always knocked on bedroom doors and waited for permission before entering rooms. A relative told us that whenever they visited the service, staff made sure that they gave a person using the service privacy when receiving personal care. Staff were knowledgeable and experienced in ensuring people's privacy when supporting them with personal care. A member of staff said, "I will give them choice, I will explain to [people], and I will shut the bathroom door or pull down the curtain [when supporting people with personal care]."

We saw that each person had their own bedroom which they personalised with photos and personal items. On the day of the inspection we saw that people were well presented and dressed in clean clothes. We also saw bedrooms were clean and the beds made. A relative confirmed that a person was always well presented when they visited the service.

Relatives told us that staff kept them up-to-date with information about people's health and wellbeing. They told us that staff rang and informed them if there was information to be shared. During the inspection we noted that the tone of staff conversation with families by telephone was friendly and informal. This showed staff worked closely with relatives. Staff told us and records confirmed that people were supported by staff to visit families who lived very far away from the service.

## Is the service responsive?

### Our findings

Staff encouraged and supported people to be involved in making decisions about their care wherever possible. Staff listened to people and explained how they provided care and support. We observed staff responded to people's requests, for example, when they wanted a snack or drink, without delay.

The registered manager told us that people were supported to access amenities in the community. We noted that the service had a minibus used daily for going out to the shops and for leisure activities. Staff told us and records confirmed that each person's activities were planned weekly on Sunday. For example, one person's 'weekly activity plan' contained morning and afternoon activities for each day of the week and these included music therapy, an art class, a walk to the park, cleaning their room, watching a film and menu planning. We noted that people took part in their planned activities during the inspection. Staff told us that people were supported to go on holidays and we saw that another holiday was planned for this summer. Staff told us and families confirmed that people and their representatives were consulted about the choice and cost of their holidays.

Most of the people had lived at Mawney Road for many years. Staff told us that care and support was personalised and confirmed that, where possible people were directly involved in their care planning and any review of their care and support needs. One person had recently moved to the service after respite or temporary stay and decided to live permanently at the service. Records showed that the person's assessments of needs and care plan were completed with the involvement of their representatives. One relative told us, "We do know what [the person's needs] and are confident staff are meeting them. We are involved in the care. We would recommend the service." Another relative said that the service respected the preference and wishes of a person, for example, when they did not want to go on a holiday. This showed people's care was tailored to their individual preferences.

There were systems in place for monitoring and recording people's wellbeing at night. We saw that there was a night observation sheet on which staff were required to record what they saw and how they responded to people's needs. We noted some gaps (where staff did not record their observations during one night shift) in the recordings and discussed them with the registered manager. We were told that these were "an oversight" by one member of staff and they take appropriate actions to ensure that similar omissions were avoided.

Relatives told us that they were aware of the provider's complaints procedures. One person said, "I do know how to complain." Another relative told us, "[The registered manager] explained to me how to complain. It is also on the provider's website. I had never had to complain about anything. I am more than happy [with the service]." The registered manager told us that they had advised relatives that they could complain in different ways including by email. We looked at the provider's complaints book and noted that no complaints were received and recorded during the last 12 months.

## Is the service well-led?

### Our findings

The registered manager promoted an open and inclusive culture. Relatives and staff told us the registered manager asked for their views and shared information with them. One relative said, "[The registered manager] is very good. [Registered manager] is always on the ball. She rings us and tells us if there are changes [within the service]." Another relative told us, "The manager is very friendly, informative and approachable. They do ask me about my views of the service, for example, when buying television or decorating [a person's bedroom]." Care staff told us that the registered manager listened to them and was "very" supportive. They told us that they felt they could make suggestions which the registered manager listened to and took on board to make improvement.

The service had a clear management structure with identified leadership roles. Staff told us they felt the service was well led and that they were well supported at work. One member of staff told us that the reason why they had been at the service for so long was not only because they liked their job but also they felt well supported in their role. Records showed how the registered manager provided support to staff when they had personal issues unrelated to work. A member of staff explained how the team worked well together and they liked coming to work.

The registered manager underlined in their PIR that the service's values included "being open, honest, and transparent" and the ethos were "empowerment, inclusion and person centred care". Relatives and staff confirmed that the management was "open" and they could discuss any concerns or issues with the registered manager. Observations showed that staff encouraged people to be as independent as possible, for example, with eating meals, and supported them to access various leisure and social services in the community. The registered manager told us that staff supported one person with getting a job which they enjoyed and were proud of.

The registered manager sent CQC notifications and PIRs as required. Notifications are information such as some incidents services are required by law to send CQC. The service maintained working partnerships with local authority teams such as adult safeguarding and learning disability teams, and other healthcare professionals such as GPs and psychiatrists. Information we received from the local authority confirmed that after the last monitoring activity undertaken by the Quality Team, they did not identify concerns related to the service.

Staff carried out a range of audits including staff rota, sickness and absence, incidents and accidents, people's finance and medicine. The registered manager explained how the auditing system operated and how they used it address any issues identified as a result of the process. We also noted that senior staff from the head office regularly audited various aspects of the service and judged whether the service was compliant with the provider's expectations. Records showed that the service had been audited nine times during the past year. On the day of the inspection a regional manager was present to carry out a routine visit to check the service was running well. We noted that the registered manager had used survey questionnaires to ask people, relatives and staff views about the quality of the service. The registered manager told us and records confirmed that an action plan had been drawn up to make improvements

following the feedback. During this inspection new survey questionnaires were being prepared to be distributed to the stakeholders to complete and share their views about the service. The regional manager and the registered manager told us that they would analyse feedback from the stakeholders and put an action plan in place to improve the service.