

# Voyage 1 Limited

# Oakcroft

## 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

### Care service description

Oakcroft provides accommodation and personal care to four people who have a learning disability. People who live at Oakcroft may experience behaviours that challenge staff. At the time of this inspection there were four people living at the service.

### Rating at last inspection

At the last inspection, the service was rated good.

### Rating at this inspection

At this inspection we found the service remained good.

### Why the service is rated good.

People were safeguarded from the risk of abuse. Staff identified, assessed and took relevant actions to manage potential risks to people. Processes were in place to ensure staffs' suitability for their role. People experienced continuity in the staff who provided their care. Medicines were managed safely within the service.

People were cared for by staff who were appropriately supported in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat a range of nutritious and healthy foods. Staff ensured people were supported to access healthcare services as required.

People were cared for by kind and caring staff who involved them in making decisions about their care. Staff understood how to uphold people's privacy and dignity during the provision of their care.

People's care needs had been assessed and they had individualised care plans which reflected their preferences about how they wanted their care provided. These were regularly reviewed and updated as required to ensure they remained relevant for people.

Staff supported people to participate in a range of home and community based activities to ensure their needs for social stimulation were met.

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 2008 and associated Regulations about how the service is run.

The service was well-led. Staff demonstrated the provider's values in their work with people. Processes were in place to enable the provider to monitor and improve the quality of the service people received.

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.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Oakcroft

## 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 unannounced comprehensive inspection took place on 2 October 2017.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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.

Prior to the inspection we received written feedback about the service from a social worker and a psychiatrist and afterwards we received feedback from a therapist. During the inspection we spoke with two people and two relatives. Not everyone was able to fully share with us their experiences of life at the service; therefore we spent time observing staff interactions with them, and the care provided by staff. We spoke with two care staff, the registered manager and the operations manager.

We reviewed records which included two people's care plans and two staff recruitment and supervision records for staff recruited since our previous inspection. We also reviewed the staff rosters for the period 04 September to 02 October 2017 and records relating to the management of the service.

At the last comprehensive inspection in September 2015 the service was rated as 'Good' overall.

# Is the service safe?

## Our findings

The provider had relevant policies, procedures and staff training in place to protect people from the risk of abuse. Safeguarding was also discussed with staff at team meetings which enabled them to raise any issues. Staff spoken with understood the types of abuse, the signs that might indicate a person had been abused and how and to whom to report any concerns. They had a good understanding of people's individual vulnerabilities. The registered manager understood which incidents they needed to report to the local authority as the lead agency for safeguarding. We found they had omitted to send us one safeguarding notification to inform us of a safeguarding alert they had raised with the local authority. They submitted this notification as legally required during the course of the inspection.

Potential risks to people had been identified, assessed and any required actions taken to mitigate the risk for the person. Where a risk to a person indicated that further professional guidance was required to manage the risk, this had been sought and any guidance implemented. Some people could exhibit behaviours which could challenge staff. Care staff had undertaken relevant training to enable them to support people safely with their behaviours. They had access to clear information about what behaviours a person might exhibit and the strategies which they should use to de-escalate the situation. The required safety checks had been completed in relation to utilities, fire and equipment to ensure people's environment was safe for them.

Any incidents which occurred were documented and reviewed by the registered manager in order to identify if any further action was required to reduce the risk of reoccurrence. Learning from incidents was shared with the staff team.

There were sufficient staff rostered to provide people's care in a safe and timely manner. Although the registered manager told us there were one and a half staff vacancies, the vacant staff hours were covered by existing staff rather than agency staff to ensure people received consistent care from staff who were known to them. There was either a senior care staff or a shift lead for each shift and we observed staff communicated well with each other to ensure people received safe care.

The provider ensured relevant pre-employment checks were completed prior to new staff commencing their role. This ensured their suitability for their role in working with people.

People received their medicines safely at the time required, from trained staff whose competency to administer medicines had been assessed. Processes were in place to ensure people's medicines were: ordered, stored, administered, recorded and disposed of safely. We observed that a person dropped one of their medicines when staff were administering them. Staff took the correct action in response, to ensure the person still received the required medicine, that the spoiled medicine was safely disposed of and that a replacement dose was ordered for the person. People's medicines were managed safely within the service.

## Is the service effective?

### Our findings

Staff told us they felt well supported within their role. Upon joining the service they underwent an induction programme that met the social care industry requirements and completed the provider's required training. The provider had just introduced a revised range of required training for staff, which would provide them with further training opportunities. Staff received regular supervisions, attended staff meetings and underwent an annual appraisal of their work. Those staff who wished to undertake professional qualifications in social care were supported to do so. People were cared for by staff who were appropriately supported in their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff had undertaken MCA training and understood the principles of the Act and its application in their day to day work with people. DoLS applications underpinned by a MCA assessment and associated best interest decision had been submitted for people where required, to date one had been approved and the remainder were waiting to be assessed. Legal requirements had been met for people.

People chose the menu on a weekly basis and were seen to enjoy their lunchtime meal. Staff sat down and ate with them which made it a sociable occasion. If people did not like an aspect of the meal chosen, then they were provided with an alternative which they did like. People's weights were monitored on a monthly basis to ensure that they remained healthy. Staff supported people to eat healthily, by cooking meals using low-fat ingredients. Staff monitored people's daily fluid intake to ensure they received enough fluids to remain well hydrated. They were seen to provide people with a choice of hot and cold drinks across the course of the inspection.

Each person had a health action plan that identified their healthcare needs and how these were to be met. Records demonstrated that care staff ensured people saw a range of health care professionals as required in order to ensure their good health. Records showed that when a new health issue had been identified for a person by a healthcare professional. Staff had supported the person to make changes to their diet and lifestyle in order to ensure they remained healthy.

# Is the service caring?

## Our findings

People told us they were happy at Oakcroft and with the staff who cared for them. One person said "Staff are kind." Another person said "I like this place" and that staff were "Kind and caring."

People enjoyed kind, sensitive, positive and caring relationships with the staff who provided their care. A social worker informed us people 'Always seemed happy and settled.' We observed that people were relaxed, calm and happy in the company of staff. People's records contained a one page profile about what was important to the person and how to support them, to inform staff about how to support people. The staff knew people and their interests well and used this knowledge to interact with them. They chatted to people as they supported them about their interests, for example, music.

Staff were also provided with written information about people's communication needs and how to meet them. We observed staff provided people with short, simple, verbal instructions to support them, for example, when clearing the table or taking their items to the laundry. If people required 'hand over hand' support, which is where care staff physically guide a person with practical tasks by placing their hand over the person's, then this was detailed in the person's records. People were provided with a weekly pictorial menu to ensure they could understand what meals they were having and when. Another person had symbols on their furniture to enable them to recognise where their personal items were stored. Staff had identified and met people's individual communication needs.

Photos were displayed in the communal areas of the service of people enjoying their days out, holidays and activities and people's art work was displayed on the walls. Staff valued and validated people's lives and achievements.

Throughout the course of the inspection we heard staff give people choices about their care. For example, where they would like to have their drink and spend their time. They asked if people were happy for them to provide each aspect of their care rather than assuming the person would agree. This enabled people to say no if they were not ready to receive their care at that time. People were consulted about their preferences with regards to the gender of the care staff supporting them. Staff ensured people were offered choices about their care.

Staff were observed to knock on people's bedroom doors and to wait for a response before entering. They also told people why they were entering to ensure they understood their purpose. Staff understood who required additional assistance to ensure their privacy and dignity was upheld and ensured this was provided for the person. Staff treated people respectfully, for example, explaining to a person why they could not support them immediately and when they would be able to assist them. Staff ensured people were treated with dignity and respect.



## Is the service responsive?

### Our findings

People's needs were assessed prior to them being accommodated to ensure the placement was suitable and that staff could meet the person's care needs. The registered manager told us that people were consulted about any potential new person moving in and that assessing the compatibility of any new person, with those already accommodated, was an important part of the pre-admission assessment process.

People's records demonstrated who had been involved in each of their care plans and a person confirmed to us that they had been involved in planning their care. The care plans were then regularly reviewed by staff and updated with any changes to the person's care. There were annual reviews of people's care with their family. A relative told us "They ask for my views."

Care plans were individualised and documented people's preferences about their care, for example, what the person liked to eat and we saw these foods were provided. Staff were required to read people's care plans and to sign to confirm they had done so. Care staff demonstrated a good understanding of each person's care needs and their preferences about how their care was provided.

People's records provided staff with guidance about people's abilities and what aspects of their care they were independent with. Staff applied this information in their work with people and supported people's independence wherever possible, for example, with household tasks or making a hot drink. A person had just begun a programme with staff support to increase their independence when out in the community, in order to develop their skills and confidence in this area.

Staff supported people to attend a range of community based activities daily, based on their interests. These included both physical activities for people's health and social activities such as shopping, days out and holidays. A relative told us "They go to interesting places." People who wished to were enabled to regularly attend a local church service, to meet their spiritual needs. Staff also enabled people to participate in activities within the service such as gardening, cooking and art for example. People's need for social stimulation was well met.

Each person had a care staff member allocated as their keyworker with whom they met monthly to review how they were and whether the care provided was meeting their needs. This also provided an opportunity for people to raise any issues they wished to about their care. Relatives were also able to raise any concerns and the complaints process was displayed within the service. Only one issue had been raised within the past year and this had been investigated in accordance with the provider's complaints policy and responded to appropriately.

## Is the service well-led?

### Our findings

The delivery of people's care was based on a set of values that were displayed within the service to ensure transparency. Staff demonstrated the provider's values such as 'Passion for care' in their work with people. Care staff told us, "We work as a team", and that it was a, "Nice atmosphere", to work within. The registered manager told us that the staff team cared about people and got involved with them, for example, through the provision of Hawaiian and Halloween themed parties for people both from the service and other local services and holidays. There was a calm and relaxed atmosphere within the service.

The registered manager told us and a person confirmed that they had been involved in choosing the colours and furnishings when the service was re-decorated. People had been taken out by staff to a shop to enable them to see the options available to them. People were involved in making decisions about the service.

The service had a registered manager; this 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.

A relative told us, "I think the manager is experienced and is great with the lads there." Another relative said, "The manager listens to feedback." A social worker wrote and told us 'The current manager seems to be very efficient and is running the service well.' We observed that people were comfortable with the registered manager and approached them freely. People also knew the operations manager and were relaxed in their company. Staff thought the service was well managed and told us of the registered manager, "He is lovely," and, "Any problems you can talk to him." The registered manager told us they regularly covered vacant staff shifts, which staff confirmed. This enabled them to work alongside staff and observe the care people received. People's care was provided within a service which was well managed.

Processes were in place to monitor the quality of the service people received. There was an annual quality assurance survey which was used to seek the views of people, their relatives and professionals involved with the service. Any feedback received was responded to appropriately. For example, in response to feedback from the last survey the provider had advertised for a male member of care staff. People's views were sought and acted upon to improve the service.

Regular audits were completed in relation to medicines and health and safety. In addition the registered manager completed a quarterly audit which was then reviewed by the operations manager. The service was also audited annually by the provider's quality team. Any issues identified through the audit processes were addressed through an associated action plan, to ensure there was a process of continual service improvement for people.