

# 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 

### Overall summary

This unannounced inspection took place on 27 February 2015. The service met all of the regulations we inspected against at our last inspection on 11 July 2013.

Mawney Road is a home for six people with a learning disability. One of the people living at the home during our visit was using respite care but the other five people had lived at the home for many years. The service premises were spacious and provided accommodation on the ground and first floors.

The service had a registered manager in place. A registered manager is a person who has registered with

the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the needs of people who used the respite service were not assessed in full and they did not have appropriate care plans in place to ensure their safety and well-being while living at the home. However, we noted that the needs of people who lived permanently at the

# Summary of findings

home were fully assessed and there was evidence to confirm that people and their families were involved. People's care plans were personalised and reflected each person's needs.

Staff had good knowledge and experience to support people in a safe environment. We observed staff were friendly and kind when interacting with people. For example, we saw staff giving people choices of what to eat and drink and where to sit, and allowing them to take time to decide. People were relaxed when staff were present and there was a friendly atmosphere in the home. Staff were aware of the service's policies and procedures, and were appropriately vetted before starting work.

People received their medicines in a safe manner. Medicines were safely stored and administered, signed

for by staff and checked weekly by the registered manager. This ensured that any errors in the handling and administration of medicines were spotted and dealt with by the registered manager.

People had access to healthcare services and received ongoing healthcare support. For example, people had healthcare checks and attended appointments with opticians and dentists. Referrals were also made to other healthcare professionals when and as needed.

The service had not received a complaint during the past 12 months. Relatives knew how to make a complaint and there were opportunities for them to raise any concerns they had. Relatives spoke positively about the service. Quality assurance systems were in place to monitor the quality of service people received. The feedback received from relatives, social and healthcare professionals during the last quality assurance review was positive about 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. Recruitment procedures ensured staff were suitable to work with people. There were enough experienced and supported staff to meet people's needs safely.

The needs of people who used the respite care service were not fully assessed and appropriate arrangements were not in place to ensure their safety. People received their medicines as prescribed by their doctors. There were good systems in place to ensure medicines were stored and administered safely.

Good



### Is the service effective?

The service was effective. Staff had the skills and knowledge necessary to provide care and support for people who used the service.

Staff understood the principles of the Mental Capacity Act 2005 and knew people had the right to make their own decisions about their care and treatment. Staff understood decisions can be made for people only if their capacity had been assessed and they lacked capacity in certain areas.

Staff supported people to maintain good health and eat a balanced, healthy and nutritious diet. People's weights were monitored and they had good access to healthcare professionals such as opticians, dentists, chiropodists and GPs.

Good



### Is the service caring?

The service was caring and relatives told us staff treated people with kindness.

We observed staff ensure people's privacy and dignity by knocking on the doors and by closing rooms when supporting them with personal care. Staff understood the importance of diversity and treated people as individuals by assessing their needs respecting their preferences.

Good



### Is the service responsive?

The service was responsive and relatives told us that staff listened to them and acted on their suggestions. They said staff kept them informed of people's progress and well-being at the home. Relatives said they knew how to raise concerns.

We saw that people were relaxed and engaged in activities of their choice during the inspection.

Good



### Is the service well-led?

The service was well-led and relatives confirmed that they were asked about the quality of the service and had made comments about this. Relatives told us that the service sent them monthly newsletters which contained information about how the home was run and what activities people were engaged in. Relatives told us that their views were taken into account and there was evidence that people had shown changes and improvements since moving into the home.

Staffs were positive about the management and told us they had support and clear guidance to do their jobs.

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 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.

This inspection took place on 27 February 2015 and was unannounced. The inspection was conducted by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the provider information

return (PIR) and the notifications that the provider had sent us. The PIR 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. The PIR also provides data about the organisation and service.

During the inspection we spoke with three relatives, three staff and the registered manager. We reviewed three people's care files, five staff files and other records such as the staff rotas, menus, and the provider's policies and procedures.

People who used the service had limited verbal communication skills. However, we observed people and their interaction with staff in the lounge and in the dining room during lunchtime.

# Is the service safe?

## Our findings

Relatives told us people received good care. One relative said, "I cannot fault the service. It is excellent; they treat [the person using the service] like their family." Another relative told us that the person using the service had been living at the home for many years and said they felt the person was "very safe". Relatives told us that there were enough staff at the service whenever they visited it. Staff told us that people were safe in the home because there were systems in place to ensure they were protected from harm. A care worker told us that each person had "a risk assessment" which they followed to ensure people received care which was safe and met their needs.

One of the people who had moved in for respite two weeks before the inspection did not have a detailed risk assessment in their file. The registered manager advised us that the person was placed at the home for emergency and they had "limited information" about them. We looked at the information the registered manager received and noted that it had not been dated or signed by the person who wrote it. However, we noted that the information received by the registered manager included a statement regarding the diagnosis of the person with a condition which would require them to having a machine to help them sleep at night. The registered manager was not able to tell or show us if this machine had been available and staff were trained to operate it so they could support the person to use it. Even though the registered manager told us that person did not require the machine any more for sleeping, we did not see records demonstrating that the person should stop using the machine. This showed that people who were admitted for respite care in emergency situations were not always safe. The registered manager reassured us that new people would be admitted only when the home had suitable facilities and services to meet their assessed needs.

Staff told us attended training in safeguarding adults' procedures and knew the procedure to follow if they had concerns about a person. They told us that they would raise any safeguarding concerns with the registered manager. Staff knew about provider's safeguarding and whistleblowing policies and gave us examples of when they would use the guidance in these policies. For example, one member of staff said, "I would immediately contact the manager or one of the seniors if I noticed anything unusual

with a resident." Another member of staff told us that they could contact "the local authority's safeguarding team, the police or the CQC if I think nothing was done about the concern".

People's personal care and support records showed that risks associated with people's support were assessed with guidelines in place for staff to reduce those risks. For example, one person's risk assessment identified "choke" as a risk and stated staff should always be present when the person was eating their meal. It also gave guidance that staff should cut food into smaller pieces to reduce risk of choke. Discussion with staff and records also confirmed that staff had attended first aid training. This showed that the service had appropriate systems in place to identify and manage risks to people.

Staff told us that there were enough care workers to meet people's needs. One member of staff told us, "The staffing levels are good. We have three care workers on each shift, which is enough". The registered manager told us that the service had staff continuity with most of them working at the care home for many years. When we arrived in the morning there were three care staff and five people using the service at the home. The manager and a deputy manager came in later on after we had arrived. One person using the service had left for their day activity. During the inspection we saw that there were enough staff to support people with personal care, activities and helping with meals. The staff rota showed that there were three staff working at the service during morning and afternoon shifts. The night shift was covered by a sleeping-in member of staff.

There were good recruitment practices at the service which ensured that new staff were appropriately vetted before working with people. The staff files contained criminal record checks, written references, interview notes, and identification records. The registered manager told us that each new member of staff had a comprehensive induction to ensure that they knew and were familiar with people's needs and how to meet them. The service had a robust medicines administration procedure. Staff told us that they had received training in the administration of medicines. Records we saw in staff files confirmed that staff had completed training in the administration of medicines. We checked five people's medicines and medicine administration record sheets (MARS) and found that all

## Is the service safe?

were correct. We saw that the MARS were signed and dated by staff, and the medicines, which were kept in blister packs, matched the MARS. This showed that medicines were given to people as prescribed by their doctors.

# Is the service effective?

## Our findings

Relatives gave positive comments about the staff. One relative said, "Staff are well trained. They understood the needs of [a person using the service] from their actions" and provided them with appropriate care. Another relative told us that they were confident that the staff had suitable skills and training to meet people's needs.

Staff files and training records showed that staff had attended a number of training programmes such as infection control, adult safeguarding, moving and handling, medicine administration, basic food hygiene, and epilepsy. Staff told us that they had "plenty" of training which assisted them to develop their skills and understanding of how to respond to people's needs effectively. Staff told us they also worked as a team and received support from each other and the manager.

Staff discussed a range of topics relevant to the service at their monthly meetings. The registered manager told us that different topics were selected and discussed at staff meetings. We noted that each member of staff received individual supervision approximately once every month and appraisal once a year. Staff told us they found supervision and appraisal useful to review their knowledge and training needs.

We observed that people made a number of decisions about their support. For example, we saw one person choosing their breakfast, while another person decided the type of game they wanted to play. We observed staff giving people choice and asking them what they preferred to eat or where they wanted to sit.

Staff had been trained in the requirements of the Mental Capacity Act 2005 (MCA 2005) and understood what that meant for the people they supported. When we asked them their understanding of the MCA, staff were able to describe what it meant and how they would ensure people were assessed to determine whether or not they could make

some decisions by themselves. The service had good links with the local authority and we noted assessments of mental capacity had been completed for people. People's care files showed that authorisations of Deprivation of Liberty Safeguards (DoLS) had been applied for and obtained for some people. We found that the service had followed appropriate processes to obtain the authorisations.

The registered manager was aware of recent changes to case law relating to depriving people of their liberty for their own safety. She also said that DoLS would be one of the topics to be discussed at staff meeting. We noted that this was to update staff knowledge and understanding of DoLS. People had nutritious meals. The menu was discussed with each person every weekend. Staff told us that they showed people different pictures and people chose what they wanted by saying or pointing at these. The pictorial menu was displayed on a notice board in the kitchen. We saw that there were two main options at each meal and people were also able to request and have food not included in the menu. People's dietary needs had been recorded in their care plan as well as any information in regards to the support they required to eat independently. We observed breakfast and lunch time and saw that people were provided with the support they required and were able to choose what they wanted to eat.

People were supported to maintain good health by accessing health services when and as required. Records showed that people attended appointments with opticians, dentists, and chiropodists. We noted that people saw their GPs and had regular medical check-ups. People's weights were monitored and recorded to check their health was maintained. During the inspection we noted that staff supported one person to attend an appointment with a health professional. Other records we reviewed showed people attended their appointments with different health professionals.

# Is the service caring?

## Our findings

Relatives told us, "The home is lovely. Staff treat people with kindness. They are caring and show interest in people." One relative said, "[The person using the service] is happy here. [They are] completely a changed person since they moved here". When we asked staff about dignity and respect, they gave examples such as giving people choice of what to wear, what to eat and when to get up or go to bed. They said they would ask people's preference and always knock on bedroom doors to ensure people's privacy.

Staff had worked at the service for many years and knew people well. Relatives told us staff had built positive and caring relationships with people. People's care files contained their background information and current support needs. We noted each person had a keyworker who had a special interest in their day-to-day needs and who organised review meetings. This helped staff to know people's needs and to provide appropriate care.

We observed staff respecting people's privacy and dignity when supporting them. For example, we saw staff knocked on the doors before entering rooms and closed doors when providing personal care. These showed that staff respected people's privacy and dignity.

We found that people had a say on how they wished to be supported. For example, one person decided to move to another room while another person chose to wait to eat their lunch. We observed that staff respected people's wishes and decisions.

Staff told us they enjoyed working at the care home. A member of staff said they wouldn't have worked there for many years if they had not enjoyed what they were doing. We observed that staff paid attention to people's needs and understood diversity. They told us they treated each person as an individual and followed their care plans to meet their needs. Staff gave us examples of how they would ensure people's diversity was respected. They said they would "support people to attend a place of worship, and would provide them with food that reflected their culture or religion".



# Is the service responsive?

## Our findings

Relatives told us that they were involved in the care of their relative. One relative told us, "Staff contact and update me how [my relative] was doing." Another relative said, "Each month the home sends me a newsletter with a picture. "Relatives said the newsletters they received monthly were helpful because they gave them information and news about various activities people were involved in during each month.

The care plans we checked confirmed that staff had assessed people's needs and had developed care plans. The care plans were based on people's needs assessment and contained details of their needs and guidance for staff how to support them. We noted that relatives had attended and contributed to care plan meetings. A relative confirmed that they had been invited to and attended a person's review of their care plan. We noted that the care plans were person-centred and listed people's needs and preferences about how they would like to be supported.

Care plans identified people's likes, dislikes and how they wanted staff to support them. They also gave a pen picture

of a typical day in the people's lives. This ensured that staff knew what a typical day for each person looked like and how to ensure that people were provided with appropriate activities and were engaged.

People had a set routine, which they carried out each day. Staff told us how people spent time each day. We noted that staff supported some people to access local amenities such as cafes and shops while other people played games at the home.

We observed that the service promoted people's independence, for example, by encouraging them to make informed choices about food and supporting them to make drinks for themselves, whenever possible.

People told us that they knew how to make a complaint. A relative told us that they were happy with the service and how the home responded to a person's needs. They said they had no reason to complain about the service. We checked the complaints book and found that no complaints had been made or recorded about the service during the last 12 months. We noted that the service had a policy about managing complaints.

# Is the service well-led?

## Our findings

Relatives were happy with the way the service was managed. However, one relative said, "The managers change quite a lot and that is my only concern". Relatives told us that the service was managed well and the staff were "brilliant". They told us that staff listened to them and were easy to talk to. Relatives said staff regularly kept in touch with them to tell them how people were getting on at the service. One relative said, "If [my relative] is not well they let me know straight away." Another relative said staff welcomed them when they visited people. Relatives told us that they had been invited to and attended special occasions such as birthdays or barbecues held at the home.

The records we saw and discussion with the registered manager confirmed that people were involved in the local community. People accessed community facilities such as local leisure centres, shops and restaurants. During our visit we noted that one person was attending a day centre and the other people were engaged in activities of their choice at the home.

Staff demonstrated a good understanding of the whistleblowing procedure and told us that they would make use of it if they felt that issues of concerns were not been dealt with appropriately by the home.

The service promoted people's independence and staff told us that they would "support people to be as independent as possible" by doing things for themselves.

We saw examples of this when we observed how staff supported people to make decisions about what, how and when to eat. We also observed that people were relaxed when interacting with each other and staff in the lounge.

Staff meetings were held monthly and staff were able to discuss raise concerns and contribute to the running of the service. We noted that staff meetings gave opportunity to staff to discuss and share information about issues relevant to the service and best practice of care.

The registered manager sought feedback through surveys, which were sent to and collected from relatives, health and social care professionals, and advocates. The registered manager had collated, analysed and produced a report of the survey. We noted that the feedback received was positive and the registered manager had also developed a plan of action to improve the service. The registered manager informed us that a copy of the report had been sent to the relatives.

The registered manager informed us that she was supported and supervised by the operation's manager who visited the service once every month. We noted that there were systems in place for checking and recording various aspects of the service were safe. These included the weekly checking and recording of wheelchairs, emergency lights, bath chair, and legionella. The service had also a "live" recording and reporting system about any changes, for example, staffing and people using the service.

The registered manager has recently cancelled her registration to manage another care home owned by the same provider. This allowed the registered manager to spend more time on improving the service provided at the home.