

# Voyage 1 Limited Hillbrow

## 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

This inspection took place on the 7 November 2016 by one inspector. After the inspection we contacted staff and relatives who were not present during the inspection.

Hillbrow is a residential care service registered to provide personal care for up to nine people with learning disabilities. At the time of our visit there were eight people residing in the service.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals.

People's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that staff had been recruited safely; they received opportunities for training and supervision.

People were safeguarded from harm; Staff had received training in Mental Capacity Act (MCA) 2005 and had knowledge of Deprivation of Liberty Safeguards (DoLS). The manager and staff had good knowledge of how to assess and identify people who meet the criteria for DOLS application and appropriate applications had been made to the Local Authority.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met.

People were provided with the opportunity to participate and engage in activities of their choice which met their needs. Relatives and people who used the service knew how to make a complaint and we felt reassured that all complaints would be dealt with and resolved efficiently and in a timely manner. The service had a number of ways of gathering people's views which included holding meetings with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make improvements.

## 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 was safe.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Medication was managed and stored safely.

### Is the service effective?

Good ●

The service was effective.

Management and staff had a good knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty, which helped to ensure people's rights were protected.

Staff received a suitable induction. People were cared for by staff that were appropriately trained to meet their needs. Staff felt supported in their role.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

### Is the service caring?

Good ●

This service was caring.

Staff were kind and treated people with dignity and respect.

Staff made efforts to seek people's views about their care and took these into account when planning the care and support.

Staff communicated well with people in a variety of ways.

### Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support people's social care needs. Complaints and concerns were responded to in a timely manner.

**Is the service well-led?**

**Good** ●

This service was well-led.

The service an open culture where staff and people living in the service were included and encouraged to participate in aspects of running of the service.

The registered manager had developed good links with the local community and local services.

The registered manager provided staff with appropriate leadership and support.

Staff and the registered manager worked effectively as a team to ensure that people's needs were met.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

# Hillbrow

## 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 the 7 November 2016 and was carried out by one inspector. After the inspection we contacted staff and relatives who were not present during the inspection. The inspection was announced as to ensure that people would be present on our arrival as several of the people using the service go on days out.

Before the inspection we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

We spoke with two people who used the service and one relative as a number of the people living in the service were not able to verbally communicate with us. As most people who use the service were unable to tell us about their experience directly staff were able to communicate with them using gestures and reading body language to obtain their views.

We observed the interactions between people and staff at various times throughout the day to help us understand their experience.

We observed staff supporting people to prepare for activities and complete daily living tasks. We also spoke with the manager, deputy manager and five care staff. We reviewed three people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for four members of staff.

# Is the service safe?

## Our findings

People told us they felt safe residing in the service, one person told us, "I feel very safe here, staff always look out for me." A relative informed us, "I am very happy with how they ensure my relative's safety. Staff always contact me if there is an issue."

Staff knew how to recognise the signs of possible abuse and how to report it. Where issues or concerns had been reported in the past they had been addressed appropriately by management. Staff had confidence that the senior staff would act appropriately in the event of any future concerns. All staff had attended safeguarding training. Staff informed us, "We attend safeguarding refresher training every year. This helps us ensure we are up to date with the changes in law." Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. Although people were unable to tell us directly whether or not they felt safe we observed through their interactions with staff that anxieties were well managed. We observed staff responding promptly to people to ensure they were safe at all times. Staff were knowledgeable about the people they supported and used a range of techniques to intervene where people began to become distressed or upset.

The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. There were posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format so as to ensure that people understood what abuse was and how they would be protected.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. The registered manager adjusted staffing numbers as required to support people's needs.

The registered manager informed us that staffing levels at the service were based on the Local Authority's funding arrangements for each person. However, the registered manager and staff informed us that should people's needs change they could deploy additional staff to meet the needs whilst waiting for a new assessment from the local authority. This was confirmed by our observations of the care people received and the records reviewed.

Medication was safely, securely stored and the service had a procedure in place for the safe disposal of medication. Medication administration records (MARS) we checked were correctly completed with no unexplained gaps or omissions. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

We found that people using the service were being cared for in a safe and clean environment.

# Is the service effective?

## Our findings

We found staff to have good knowledge and the skills they needed to provide good quality care to people using the service.

Staff informed us that before commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting. They informed us there was a period of being observed by an experienced member of staff and by the registered manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting.

Staff told us they had attended mandatory training when they first started work and that they attended yearly refresher courses which were arranged and monitored by the management team. Staff were also encouraged to do additional training and development to continually develop their skills. One member of staff informed that they had been offered an array of training to aid their progression within the organisation. Our observations of staff practice was positive and showed that staff had the skills they needed to support people they cared for well.

Staff had regular supervision and meetings to discuss people's care and the running of the service and they were encouraged to be open and transparent about any concerns they may have. Staff informed us, "The manager and deputy manager always ensure we have regular supervision and team meetings, I feel this gives me the support I need to do my job." Individual staff records confirmed staff had received appropriate training and support.

The registered manager had a communication book in place for staff to use to write down events that may be useful for delivering good care to people. One staff member told us, "We have a good team here and work well together and we know each other's strengths and weaknesses and support each other."

The Mental Capacity Act 2005 (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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met." Details on how to involve the person in decision-making according to their Individual levels of understanding and preferred communication

methods were included in each person's care plan. In addition, an Independent Mental Capacity Advocate (IMCA) was available to advocate for people, to ensure that people's rights in this area of their care were protected.

The manager and staff showed a good understanding of their responsibilities and had made the appropriate DoLS applications in recent months. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision in the person's best interests, taking into account the person's past and present wishes and feelings.

One member of staff told us, "Most of the people in this service are not able to make a decision about their safety, we support them to make decisions and ensure their safety all of the time in line with the MCA guidelines." Where people had been assessed as lacking mental capacity to make an informed decision the service had care plans and risk assessments in place to manage the risk ensuring that people's wishes and feelings were being respected.

People said they had enough food and choice about what they liked to eat. Throughout the day we saw people being offered food and drinks and people were being encouraged and supported to make food and drink for themselves. People were provided with special diets such as soft food diet or foods to help with bowel movement. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. People's body language showed they were happy with the meal time experience and the food they had been served.

People's healthcare needs were well managed. We noted people were supported to attend any hospital appointments as scheduled. When required the service liaised with people's GP, mental health professionals and community mental health services to ensure all their healthcare needs were being met, in addition people were supported to obtain dental care and vision tests as and when required.

People's rooms were decorated to each person's interests and likes which showed the service gave people choice and respected each individual.



# Is the service caring?

## Our findings

The service provided care and support to people in a safe and caring environment and welcomed visitors. Relatives of people living in this service told us that the staff were caring in their approach. They said that staff were welcoming and friendly.

We observed and heard staff listening to people's wishes, needs and then proceeding to support people accordingly as to ensure that their needs were met in a caring manner. One person told us, "Since coming here I have found staff to be caring and always there to help me."

People and their relatives were actively involved in making decisions about their care and support. One relative told us, "The staff had involved them with their relative's care planning to ensure all of their needs were being met." The registered manager went on to say they regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care. For example how people preferred to have their needs met and when. We also found care and support plans to have detailed recordings of each person's interests and how staff would support to take up their interests. This gave staff an opportunity to get to know them and their individual support needs.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected. Staff respected people's privacy by only accessing their rooms after consulting people. Some of the people living in the service were non-verbal and staff used alternative communication aids such as picture cards to enable effective communication and to ensure people felt valued and listened to. The registered manager was aware of assistive technology that could be used to aid communication and they were currently looking into this.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role. We noted that people were smartly dressed. People in the service were not restricted to how often they changed their clothes and we observed staff supporting people with ensuring they had clean clothes on before accessing the community. The registered manager told us that people were supported to undertake tasks such as doing their laundry, as this gave them a sense of involvement and engagement in their care and support.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on to other services or into their own accommodation had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA) to make informed choices about their future and staff ensured that these people were supported as required. Advocates also attended people's review meetings if the person wanted them to.

## Is the service responsive?

### Our findings

Pre assessments were completed before people came to live at the service to ensure that their needs could be met. Relatives told us how they had been involved in helping to provide details of the person's early life and interests when staff were writing support plans. The plans which we viewed contained descriptions of people who we could recognise from meeting them in the service. They were specific to the individual and provided evidence that people, where appropriate, had been consulted. The plans had been updated in response to people's changing needs and after review meetings which involved people using the service and, where appropriate, their relatives. We saw several examples of changes which had been made to plans in response to changes in people's health or mobility.

Staff told us about the activities that people enjoyed and we saw that people chose how to spend their time and had opportunities to spend time participating in a range of hobbies and interests. During the inspection, we observed one person expressing the need to go into the community to make purchases of their choice. The person informed us, "When I need something from town, I go to the office and ask for some money and if someone [staff] can take me into town".

Staff told us about outings and holidays which they had taken with people. The service had planned activities however this could be changed should people opt to do something different.

We saw that people could spend time in their own rooms whenever they wanted to do so. When we arrived people were engaged in various activities and some were in their rooms. Some had eaten breakfast and chosen to go back to their rooms. Other people were in the kitchen with staff or in the living room. People were able to wander around freely but staff were constantly aware of where people were to ensure they remained safe and staff were able to respond when required if people required support.

People were encouraged and helped to maintain contact with friends and family members, where possible. One relative told us, "They encourage relatives to be more involved." There were details in people's care plans about how they kept in touch with people who were important to them.

The service had clear policies and procedures for dealing with complaints. There were clear details about how to make a complaint in the service's service user guide and in the visitors' pack. The registered manager said that they welcomed feedback from people about the performance of the service. The feedback which we saw and received from visitors and people in the service was all positive.

People told us that the registered manager was approachable and they would tell her if they were not happy or had a complaint. They were confident that the registered manager would make any necessary changes. One relative said, "I am able to raise any concerns with staff and it's dealt with in a timely manner." The relative provided an example of when staff had made a change in response to their comment.

## Is the service well-led?

### Our findings

People who lived in the service, relatives and staff told us that they felt that the registered manager valued their views on the service. They said that the registered manager was always accessible, spending a lot of time in the service and available by telephone and in their absence the deputy manager would be available. Staff went on to say the registered manager always asked for staff's input and involved staff in changes within the service.

Staff and people using the service described a homely culture, where they communicated well with each other and knew the registered manager. The registered manager and the deputy manager regularly carried out checks on the care being provided and monitored complaints, incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends that could help improve the service.

There was a number of quality monitoring systems in place. The records at the service which we sampled were up to date and showed that the registered manager and staff carried out regular audits and checks to make sure that the quality of the service was maintained and improved on where possible. Where we had highlighted missing dates on one of the audits, the registered manager responded immediately to bring all systems up to date. We found the registered manager to be open and transparent and worked in a way that ensured the service was running smoothly and continually improved the care delivered to people.

The registered manager made sure that the service was meeting people's needs and meeting the requirements of regulators and people who commissioned their services. They demonstrated that they had kept up to date with best practice in relation to people's needs and health conditions and the requirements of the law in relation to the running of the service. The registered manager and care team expressed a commitment to providing a good service and continually seeking to improve.

The registered manager and staff told us that the service had good links with the local community. This was confirmed by relatives we spoke to. The records showed that people were encouraged to use services in the community where possible and to go out of the service to shop and attend functions.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.