

Voyage 1 Limited

43 Station Road

Inspection report

Wraysbury
Staines
Middlesex
TW19 5ND

Tel: 01784488581
Website: www.voyagecare.com

Date of inspection visit:
26 September 2018

Date of publication:
12 November 2018

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 the 26 September 2018 and was announced, which meant the service was given notice of our inspection.

43 Station Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

43 Station road is registered to provide care (without nursing) for up to six people with learning disabilities. The service specialises in supporting people with autistic spectrum disorder and behaviours that challenge.

At the time of our inspection there were four people using the service, supported in the home by nine permanent staff.

There was a registered manager in place. 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.

43 Station Road is a small service located close to local amenities. The home is a large detached property with a generous rear garden. The home has communal areas including a sensory room and all bedrooms have en-suite facilities.

At our last inspection on 30 December 2015 we rated the service overall as good with requires improvement for the Safe domain. This was because recruitment checks were not always completed in line with Regulations. Therefore, we made a recommendation about improving recruitment checks.

At this inspection we found the service remained good overall. We found improvements to recruitment processes and records which meant safe and suitable staff were recruited to support people. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff received safeguarding of vulnerable adults training and understood how to protect people from harm and who to alert if they had any concerns. We have made a recommendation that the provider accesses classroom safeguarding training for staff and the registered manager attends additional safeguarding training in line with their role. Risks to individuals and general operational risks were identified and appropriate actions were taken to reduce hazards. There were enough staff on duty to meet people's diverse, individual needs safely. Medicines were managed effectively and staff received appropriate training to administer medication safely.

People's health and wellbeing needs were met. The service worked closely with clinicians and other professionals and followed advice and treatment plans effectively. Staff understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and the principles of gaining consent or making decisions in peoples' best interests. 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.

The service provided a calm and friendly atmosphere and staff demonstrated kindness and commitment to people's welfare. Staff approaches were respectful of privacy and dignity and upheld people's rights with regards to equality and diversity. People were involved in agreeing their care plans. People's relatives and relevant others were consulted to make decisions in people's best interest, where people lacked capacity to consent. Care plans were person-centred and responsive to individual's current and changing needs. People were supported to follow their interests and work towards their own goals.

Management were described as being approachable and effective. Staff we spoke to felt valued by the registered manager and said they enjoyed their work. Management emphasised a collaborative team approach and spoke respectfully about staff input to people's care. The deputy manager demonstrated passion for improving people's quality of life and described how they had linked-up with community services to improve access to opportunities for people. The organisation had a governance system and quality audits in place which were overseen by the Operations Manager and the quality monitoring team. We have made a recommendation that the registered manager updates governance records on file. This is to make sure there is an accurate audit trail of actions for follow-up and completion.

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 had improved from requires improvement to good.

The service was safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

43 Station 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.

The inspection was a comprehensive inspection which took place on the 26 September 2018. It was completed by one inspector and one inspection manager. The inspection was announced. We gave the service 48 hours' notice of the inspection visit. This was because of the small size of the service, so management could arrange for people using the service and staff to be available.

Before the inspection we looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law. We received and reviewed a provider information return (PIR) prior to the inspection. 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. We contacted a range of health and social care professionals and received information from a local authority commissioner, a specialist dietitian and GPs. We also received feedback from one relative.

During our inspection we spoke to the registered manager, an operations manager who was covering the service in the absence of the usual operations manager, and the deputy manager. We observed staff supporting three people who were at home; one person was out of the service attending community activities. People who were at home were unable to provide us with any verbal feedback about their experience of the care provided. Therefore we used observations to gain an understanding of staff interactions, engagement and the care people received.

We looked at two people's care plans, risk assessments and other records that were used by staff to monitor their care and treatment. We also checked duty rosters, recruitment records, menus, accident and incident forms and records used to measure the quality of the service, including health and safety checks, provider audits and management improvement plans.

We were not able to talk to staff during our inspection due to the support needs of people at home, however we contacted all staff members after the inspection and received telephone and email feedback from two care workers. We also received further feedback and information about training and organisational policies and procedures from the management team after the visit.

Is the service safe?

Our findings

The rating for Safe had improved from the previous inspection and the service now provided safe care. The previous inspection recommended the service improved recruitment checks. At this inspection recruitment checks and records were in line with Regulations. We looked at recruitment records for two permanent employees and saw that recruitment checks, references and right to work in the UK had been carried out. We reviewed agency staff records which included employee profiles and Disclosure and Barring Service (DBS) numbers and dates were stated. The file was missing four agency profiles and three induction records. The registered manager supplied these records electronically after the inspection visit, which met the relevant standards.

Staff we spoke to knew how to report safeguarding concerns of neglect, abuse and incidents in relation to risk and harm. One support worker told us that the safeguarding team contact number was accessible to staff in the home's office and added, "when I report something unsafe, the management reacts quickly. They ask me to write a report about the matter, they do an assessment and resolve problems as a preventative measure." A relative we spoke to said they felt their relative was safe and received safe care because staff knew the person very well and kept the relative informed of any issues or changes.

The organisation had a safeguarding policy which referred to local authority safeguarding policies and procedures and set out mandatory training proportionate to job roles. 89% of the staff team had received online safeguarding training and 78% were currently in date with annual refreshers; there was a progressive plan to achieve 100% compliance. Management did not access the option of additional classroom training for the staff team as they did not deem it relevant to their role.

We recommend that the service accesses additional internal face to face safeguarding training for staff and the manager accesses the local authority's safeguarding training, proportionate to their role.

The registered manager had reported safeguarding concerns to relevant agencies and individuals in line with legislation. These were appropriately investigated by the provider and we saw that relevant actions plans were developed and monitored. Staff meeting minutes documented a team debrief in relation to the outcome of investigations and learning points. We looked at completed accident and incident reports and saw that investigations by the registered manager were thorough and analytical of people's behavioural needs. The provider had robust systems in place to monitor, review and follow-up accident and incident reporting. The organisation's quality team were responsible for this and advised management of appropriate actions, for example, referring the case to the organisation's behavioural specialist to review and develop support strategies where appropriate.

Enough staff were deployed to support people's diverse needs safely. We checked a month of staff rotas and saw that management planned the right mix of experienced and qualified staff and made sure that staff on training were covered on duty. More staff were deployed during the core of the day to support people to access community activities and appointments. The registered manager informed us that the use of agency staff had increased recently because a new person had joined the service and management were currently

recruiting to one vacancy. Regular agency staff were booked and received supervision to support them and to promote continuity of care.

Risks were identified and given a rating of severity and likelihood. Safe and preventative measures in response to risk assessments were clearly documented. Standard organisational templates provided prompts for several potential associated hazards and standard safe control measures. For example, the organisation's Epilepsy Risk Assessment prompted the assessor to consider the "use of assistive technology both in bed and out of bed" and "use of anti-suffocation pillows", to protect people from harm.

Management explained their approach to risk balanced people's safety and rights and they practiced the "least restrictive" principle. For example, the service enabled one person to access the community via predetermined safe routes and agreed staffing levels to reduce risks to the person and others. One member of staff told us they felt safe at work and explained that staff support had changed to meet the person's behavioural needs and associated risks to ensure the person's and staff safety. We saw this information was in accordance with the person's care records as well as staff health and safety risk assessments.

The service had effective processes to check the safety of equipment and premises. We observed health and safety checks were completed regularly, such as preventative measures and checks for legionella and fire alarm tests. We were provided with evidence of statutory certificates and the provider's maintenance record which confirmed issues identified were rectified. The registered manager's consolidation action plan included the review of the service fire risk assessment and evacuation plan. It also included an action to create a personal evacuation plan for a new service user and complete an induction of the fire drill for a new employee.

Medicines were managed safely. Storage and records for medications including controlled drugs, were well maintained in line with requirements and best practice. People had up to date medicines profiles and clear protocols were available for when required (PRN) medicines. The service had a robust stock reduction and control system in place, and monthly audits were carried out by management. Staff received on line training in medication followed by competency assessments carried out by management, as per the provider's policy and procedure. The service was aware of and implemented national guidance to reduce the use of psychotropic medication to manage people's behaviour.

There was equipment in place to promote infection control including gloves, aprons and hand hygiene notices. We saw that the service also provided staff with infection control "key guidance" cards as a quick reference. The training compliance report stated that 78% of staff had completed food safety training and remaining staff were booked to attend. The kitchen was seen to be clean and the deputy manager made reference to systems in place to maintain cleanliness and hygiene in the premises. We saw an action plan to develop the cleaning checklist to also include a planning schedule. There was an additional action to correctly store completed equipment cleanliness records in the infection control file.

Is the service effective?

Our findings

People continued to receive effective care. The service assessed people's individual needs and choices holistically and accessed relevant healthcare and treatment effectively, such as occupational therapy (OT), dietitian, psychiatry, and specialist consultants. We viewed people's health action plan files and found that people received timely support with their health needs. There were health screening checklists, a hospital passport, a health action plan and records of people's visits to or consultation with various healthcare professionals.

People were supported with their nutrition and hydration needs. A Malnutrition Universal Screening Tool (MUST) was used to identify people who were malnourished or at risk of malnutrition (under-nutrition), or obese. We gained feedback from one dietitian who said that people were, "referred appropriately and when I have visited I have found staff knowledgeable about the clients, their dietary problems, current diet etc. Advice given has been followed and the outcomes have been good."

The deputy manager demonstrated thorough knowledge of people's individual dietary requirements and care plans. She explained how people were supported to access and make their own drinks throughout the day in accordance with their risk assessments. Individual menu plans were in line with the dietitian's nutritional guidance, and we saw an educational easy read "healthy options" for one person as part of their health action plan. Pictorial menu plans were clear and accessible to people. Staff explained that alternatives would be offered if people changed their minds about the menu option which we saw was recorded in people's daily diary notes. We observed that the lunch time meal was well-received and people were supported with appropriate equipment, such as plate guards to promote independence when eating.

The service adapted the premises to meet people's needs. The registered manager described how the service had recently moved the location of the sensory room to improve access and people now regularly enjoyed using the space and equipment. The service had sought advice from an OT to meet a person's sensory needs and purchased equipment and technology in accordance with guidance. During our visit we observed the person initiate access to sensory equipment; staff were responsive and supported the person to use the equipment and used the opportunity to interact with the person, who engaged in interaction and showed enjoyment through smiling.

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 found the service was working in line with both the MCA and DoLS. Where the provider felt people were being deprived of their liberty, appropriate applications had been authorised by the local authority and re-

applications were made prior to a current authorisation expiring. Staff we spoke with demonstrated knowledge of mental capacity and best interest principles. Staff described how they involved people in every day decisions and provided information and opportunities to enhance people's capacity to consent wherever possible.

The service worked with others to remove disabling barriers. The deputy manager told us that she had joined the local NHS Health Foundation Trust forum with the aim of improving access to health care services for people with learning disabilities and autism spectrum disorder, in line with the Equality Act 2010. We were told this had resulted in the hospital allocating a specific waiting room for people which was more supportive of people's emotional and behavioural needs, meaning it was easier for people to access the treatment they needed. A relative told us he had been consulted and involved in their relative's health care needs and was happy the service was pursuing the best outcome for the person. The service was proactive in accessing the right treatment for the person and had co-ordinated a medical assessment involving several clinicians to take place in the person's own home.

Staff we spoke to told us the team worked together closely to make sure people's care and support was person-centred and co-ordinated. We viewed two staff's supervision records, both had received three supervisions and an appraisal in the past year. This was not in line with the organisations policy of four per year. However, staff said they were kept up to date with information through 1:1 meetings, briefings and handover whilst they were on duty. We viewed staff meeting minutes dated October and December 2017 but minutes of meetings since then were not available. The registered manager and staff told us that staff meetings had occurred although not as frequently as the organisation's policy of bi-monthly. Staff told us this was due to the time being spent to support and safeguard a new person to settle into the service over the past three months. We saw that the frequency of supervisions and team meetings had been identified as an area of improvement by the provider and was listed on the manager's "consolidated action plan", to be reviewed in October 2018.

The service accessed specific training to meet people's individual needs, for example, epilepsy, autism and accredited preventative and reactive strategies to support behaviours of concern. The registered manager emphasised that this training focused on preventative approaches which avoided potential or actual aggression as well as strategies for staff to keep people, themselves and others safe. Currently no physical restrictive interventions were being used due to the success of proactive strategies. Staff told us they received regular training and felt equipped to meet people's needs. There was an induction plan for new staff, who were also supported to undertake the care certificate and mandatory training programmes for management and support workers in accordance with roles. This included a blended approach of e-learning, classroom training, observations and assessment of competence. We viewed the training matrix and the registered manager's "consolidated plan" to meet any identified gaps and saw evidence this was being worked towards.

Is the service caring?

Our findings

The service remained caring. We observed staff treated people with kindness and respect. Staff involved people and explained what was happening throughout the day in a way people could understand. A relative provided feedback that "Staff are kind and caring and they always make us feel welcome when we visit." We saw people were supported with their meals at their own pace, and there was flexibility about when people had their meals according to their preferences.

The service explored different methods of communication with people. Staff explained they were observant of people's body language, vocalisation and used objects of reference to help people make choices. People were provided with information, relevant pictures and explanations about new activities to help prepare people and reduce anxiety. The deputy manager told us that she had begun teaching two people to use basic Makaton (adapted sign language for people with a learning disability) to help them communicate basic needs and feel more empowered. She had discussed this with the registered manager and planned to introduce it as a communication strategy for the whole staff team to learn, to support people consistently in developing their communication.

We observed the service to be flexible and encouraged people to make decisions about their care. During our inspection one person phoned the home to inform them he had changed his plans and would be supported home later than expected. We looked at people's daily diaries which noted where people had made choices and were provided with alternatives. We noted that these records were personalised, relevant, used respectful language and focused on people's positive attributes and achievements.

Staff we spoke to said they always ensured people's privacy and dignity was maintained. For example, they shut doors during personal care and informed other staff members of their whereabouts to ensure people were not disturbed. The deputy manager told us people have the right to quality time and personal care was an important opportunity for people to express themselves in private and for staff to listen. Staff told us that if a person became distressed they would encourage them to move to a private space where whatever they expressed would be confidential and to maintain their dignity. Staff were also mindful that when supporting people 2:1 in the community that their roles were not too obvious and promoted equality in the dynamic. One staff member said, "when out in the community we talk, laugh, describe, show and support the person with their feelings and encourage them to participate as much as they can and to achieve their goal for the day or activity."

Is the service responsive?

Our findings

The service remained responsive. People, relatives and relevant professionals were involved and contributed to the review of care plans and people's general quality of life. Staff used different methods which supported people to maintain contact with their relatives. For example, staff would support a person to hold the phone to listen to their relative and described the person's responses such as smiling or clapping. Another person was supported to meet a relative when holidaying in a nearby resort. A relative told us that the service is "one of the best places they have been. People at the care home contact me regularly with updates. Management are approachable and [family member] has really clicked with the deputy manager and is the happiest and most settled they have been."

Care assessments and plans were comprehensive, clear and person-centred. They included details of the person's history, preferences and religious and cultural needs. We looked at a detailed transition plan which was regularly reviewed and adapted with input from the person, those important to them - relatives, and the social worker. The social worker told us that management co-ordinated and attended review meetings at very short notice to improve the person's well-being and said, "staff have created a tailored person-centred care plan that has helped the person to achieve a level of life skills for independent living in the future."

Staff demonstrated thorough knowledge of people's care needs and preferences and supported them to achieve their goals. We saw activity plans were varied and tailored to people's interests and preferences. One staff member said, "we encourage people [who cannot communicate verbally] to participate in several activities to find out what they like." One person was supported to use a tandem bicycle in the community in line with their interests. Staff supported the person to develop cycling and safety skills to reach the person's goal of riding a bike independently. The person had achieved this and now routinely accessed community cycle routes accompanied by staff, who described the person as "in their element" and thought they were more settled. We noted that one person did not have a routine activity plan over the weekend. The registered manager told us that at a recent transition review meeting it was agreed the person would visit their relatives at the weekend. The service was monitoring the person's well-being at key times of the day and were planning additional opportunities to reduce anxiety. The service had also joined their local Autistic Society Group and met-up once a month which they reported was a good resource for information and activities.

The Accessible Information Standard (AIS) 2016 is a framework put in place making it a legal requirement for all providers to ensure people with a disability, impairment or sensory loss can access and understand information they are given. People must have the information necessary to make decisions about their health and wellbeing, as well as their care and treatment, and to access services.

People were supported with their communication and were provided with information to access services and to make choices. We observed staff using individual's preferred methods of communication throughout our visit. Written information was also adapted, for example, the organisation's service magazine was created in an easy read format to make it more accessible to people using the service. We also saw there was a plan to obtain "see something, say something" cards to develop people's knowledge and methods for

reporting their concerns when using public transport.

A relative told us they knew who to escalate any complaints to and how to contact the Operations Manager. There was a complaints process in place and a means of recording complaints. The file was blank and we confirmed that no complaints had been received. Key worker meetings were being reviewed by management to ensure people had the opportunity to raise their points of view and review the person's goals and set new ones.

At the time of the inspection no one was being supported at the end of their life, however, we saw there was an organisational policy and procedure in place to support people at the end of their life. Management confirmed that specific training was available for staff if this was required to meet people's needs.

Is the service well-led?

Our findings

The service remained well-led. The management team demonstrated a clear vision and passion for promoting an open, positive culture amongst the staff team. This was in line with the organisation's vision and values and was brought to life in the context of people's unique needs. This was notable in the management's emphasis on the use of positive behaviour support approaches and valuing the input of their staff team. There was a focus on understanding root causes when people were distressed to feed into therapeutic and preventative behaviour strategies. Management and staff also focused on the development and celebration of people's strengths and attributes, which was observed to lead to positive outcomes for individuals.

We received positive feedback from several stakeholders and staff about the home's leadership. One relative told us that management were approachable and effective. A social worker said, "staff have worked relentlessly with [the person] to reduce the impact of behaviours on them and their family... Staff and management have very good communication with me and recently parents complimented staff and management for their excellent communication with the family." Two GPs also fed-back that the service is well-led and they have no concerns with the running of the home.

Staff told us that management were approachable and visible. They supported people and staff on duty to ensure people's needs were met. Staff said they felt valued by management as they were consulted with and listened to. One staff said, "I love my job and enjoy supporting people and working with other staff." Another staff member said, "I feel valued by the management team, 100% sure. We trust each other and the management team is always there and ready to listen, to understand and to help for any kind of issues."

The registered manager had informed the Care Quality Commission (CQC) of all statutory notifiable events since the last inspection. We looked at documentation related to organisational learning from safeguarding and other incidents and saw the staff team had received and contributed to debriefing sessions. This type of information was reviewed by the quality monitoring team via the organisation's Customer Management System (CMS) software to feed into policies and procedures. The operations manager provided us with an example of planned organisational learning; other provider locations that specialised in supporting people with an autism spectrum disorder were undergoing a recognised accreditation scheme with the aim to promote service excellence. There were not current plans for 43 Station Road to access this, however, we were told learning and best practice would be shared with the service and monitored to benefit the people supported. We also viewed plans for the staff team to develop their learning by attending "active" support training, which was due to commence in the next three weeks. Active support is a method to promote independence and support people to take an active part in their own lives.

Relatives were surveyed as part of the annual review and their views had been taken account of. Easy read summaries were provided to people receiving support but nobody had replied. Staff were also surveyed. There were systems in place for the operations manager (on behalf of the provider) to undertake a quarterly quality audits of the service. This covered a wide range of areas in line with CQCs five domains and consisted of mandatory and optional actions. There was also a system in place for the registered manager to audit the

service quarterly and review annually. The quarterly quality audits and the annual service review for August 2017 were viewed. It was noted that a further annual service review due in August 2018 was not on file, however this was provided to us after the inspection. The plan developed from the quarterly audits, called the "quality development plan", had not been regularly reviewed by the service, which was acknowledged by the registered manager. The "consolidated action plan" for the quarter dated May 2018 had also not been fully completed. However, we saw the more recent plan had been completed by the registered manager with clear time lines and named people responsible for achieving the actions by October 2018.

We recommend that the registered manager updates governance records on file. This is to ensure an accurate audit trail of actions and developments within the service are followed-up and completed.