

# Voyage 1 Limited

# Barn Rise

## 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 29 & 30 October 2015 and was unannounced. At our last inspection in September 2014 the service met all the standards we looked at.

Barn Rise is a care home for adults with learning disabilities, including people with autism and behaviours that challenge the service. The maximum number of people they can accommodate is six. On the day of the inspection there were six men residing at the home.

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.

People were safe at the home and safe with the staff who supported them. Staff were patient, kind and respectful. There were sufficient staff deployed to meet the needs of people.

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the registered manager and management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. The management took people's views into account in order to improve service delivery. We saw some innovative systems of governance with the view of linking management information with the regulator in the future.

## 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. Staff demonstrated a good understanding of how to respond to allegations of abuse.

Risks to people's safety had been identified and measures put in place to reduce these risks as far as possible.

There were enough staff deployed on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

### Is the service effective?

Good ●

The service was effective. Staff demonstrated sound knowledge and skills necessary to support people properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

We observed that people enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a cultural preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

### Is the service caring?

Good ●

The service was caring. We observed care staff treating people with dignity and respect and relationships were professional, but caring.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice. Their cultural and religious needs were met and staff encouraged them to undertake educational, occupational, and social and leisure activities of their choice.

### Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs, people were able to participate in stimulating activities.

Staff were knowledgeable about people's support needs, their interests and preferences and provided a personalised service.

People using the service and their relatives had opportunities to give feedback on the service and there was a complaints system in place.

### Is the service well-led?

Good ●

The service was well-led. There were innovative systems in place to monitor the quality of the service people received. With the plan to link the governance systems with outside organisations such as the regulator.

The management promoted an open and transparent culture in which people were encouraged to provide feedback.

# Barn Rise

## **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 29 & 30 October 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of events affecting the service.

People could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We interviewed four care workers, the registered manager and the regional manager.

We reviewed three care records and other documents relating to people's care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits and surveys.

# Is the service safe?

## Our findings

We observed staff interacting with people in a kind and supportive way. We observed on one occasion were a care worker reminded a person to be careful when walking down the stairs so that the person did not fall and hurt themselves.

Staff had undertaken safeguarding adults training and up to date training certificates were seen in files we looked at. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority.

Care plans we looked at included relevant risk assessments including any mobility issues and risks identified to the individual or others as a result of possible behaviours that challenged the service.

Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where people's behaviours challenged the service, they had been assessed by challenging behaviour" therapist and a detailed behaviour intervention plan was put into place to ensure such behaviours were managed and responded to consistently. We observed care workers dealing with behaviour that challenged the service confidently and saw that behaviour guidance recorded had been followed.

We saw that people's risk assessments had been discussed with people and their relatives where possible and were being reviewed on a regular basis. We saw that changes had been made to people's risk assessment where required.

Recruitment files were kept at the providers head office; this had been agreed with the Care Quality Commission. However we asked the provider to forward to us criminal record check evidence. We saw up to date criminal record checks in all staff folders we viewed during this inspection. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

Staff we spoke with didn't have any concerns about staffing levels. We saw that staff had time to be with people and to sit and chat together with them. The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed to attend healthcare appointments or recreational activities.

We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

Risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. This included fire risk assessments for the home and the provider had made plans for foreseeable emergencies including fire evacuation plans.

The registered manager told us that medicine records were checked each morning and error reporting forms were available if any mistakes had been made. All medicines in use were kept in the medicine cupboard, which was safely attached to the wall.

We saw satisfactory and accurate records in relation to the management of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work. We saw that people's medicines were reviewed every six months by a mental health professional or their GP.

## Is the service effective?

### Our findings

During a recent quality survey in July 2015 health care professionals and relatives were positive about the staff and had confidence in the abilities of staff. One relative commented, "Staff are very good and know what they are doing."

Staff were positive about the support they received in relation to supervision and training. All staff members spoken with commented on the support they received from the registered manager, "The manager is very supportive."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including safeguarding adults, fire safety, mental capacity awareness and moving and handling.

Staff told us how they had put their training into practice, for example, one staff told us how undertaking the safeguarding training had improved their understanding of how and whom to report allegations of abuse to. The person told us "I would report abuse to the manager and if I am not happy with what [the manager] is doing I would contact the Care Quality Commission or social services." We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required.

Staff told us that they would discuss learning from any training course at staff meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision from the registered manager. They told us they could discuss what was going well and look at any improvements they could make. They said the registered manager was open and approachable and they felt able to be open with her. Staff also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision or a staff meeting.

Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation's philosophy of care. One newly appointed member of staff told us that he had started to complete the Care Certificate as part of his induction. 'The care certificate sets a standard, minimum level of training for care workers.'

Staff understood the principles of the MCA 2005 and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals. Staff told us it was not right to make choices for people when they could make choices for themselves.

Staff told us how they communicated information to people, in the form of pictures with some people who



could not speak, and gave us examples of how they understood individual's responses, for example, through people's facial expression and body language.

The registered manager had reviewed the home's policy and procedure in relation to the Deprivation of Liberty Safeguards (DoLS). These safeguards are put in place to protect people's liberty where the service may need to restrict people's movement both in and out of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out. The registered manager obtained standard DoLS authorisation for people living at Barn Rise in 2014 and we saw that for some people this authorisation had expired and the registered manager sent a new application to the supervisory authority.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do.

We observed people enjoying the meals provided and saw that people were asked what they wanted to drink or eat during both days of our inspection. We saw that choices of menu were available to everyone and the menu was discussed with people at each house meeting. The home had a four week pictorial menu on display. All people were at the home during lunch and we saw everyone had a variety of different meals. Staff told us that although this was sometimes a challenge for them, it was important that people were able to eat what they wanted.

We saw that people's weight was being monitored and discussed in staff meetings and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs and dieticians. Care plans included information and treatment advice from these healthcare professionals including recording food and fluid charts if there were concerns about individual's weight loss.

The registered manager told us that one person recently displayed behaviours that challenged the service as a response to this behaviour the home approached the person's GP. The GP referred the person to the local hospital for further investigation of the person's kidneys as this was seen as a contributing factor to the change in the person's behaviour.

People's records contained information from health professionals on how to support them safely, such as advice from speech and language therapists regarding healthy eating and advice on potential swallowing problems.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. People were registered with a number of different GPs in the area and the registered manager told us that this was because they had wanted to retain their GP after coming to the home.

We saw that assistance from medical professionals was sought quickly when people's needs changed.

## Is the service caring?

### Our findings

We observed sensitive and appropriate interactions between people using the service and staff. The registered manager and staff on duty demonstrated a good understanding of individual people's preferences and had a positive approach to supporting people. On the first day of the visit one person went shopping, some people went to the cinema, while others went bowling. On the second day some people went to the local pub, one person went to buy his favourite magazine and other people went for a walk.

Our observations showed that staff treated people with respect. Staff were polite to people, and encouraged them to be independent. Staff did not enter people's rooms without their permission, and only discussed issues personal to them in private showing respect for their privacy.

People were encouraged to be independent. We observed people setting the dinner table, clearing the plates away and helping to put their laundry away. Staff told us that it was very important to maintain peoples' independence and provided us with practice examples such as encouraging people to wash themselves with as little support for staff as possible.

There was clear information about activities people preferred, their goals and support needed to maintain contact with their families and meet their cultural or religious needs. Staff supported people to attend cultural and religious groups of their preference. People were supported in a wide range of interests and activities, from attending the church, going to the cinema, discos and evening clubs.

Staff had been working at Barn Rise for a number of years and we observed that trusting and professional relationships had been built between people who used the service and care workers. For example we observed people being very relaxed and comfortable in care workers presence, which was a noticeable change from previous inspections undertaken.

Staff had undertaken training in cultural awareness, equality and diversity and communication skills. Health and social care professionals were very positive about the care and support to people by staff. They told us "They are very good and supportive and "I am very impressed with the support they give."

Relatives of people using the service were also very positive. Comments in the most recent quality survey undertaken in July 2015 included "Staff is very good and caring" and "The support is excellent and welcoming."

## Is the service responsive?

### Our findings

Care workers told us that people went on holiday to Butlin's this year. We saw pictures in the hallway, which confirmed this. We asked one person if the holiday was nice and the person replied with a big smile pointing at the pictures. We observed people accessing the community with support of staff. We saw one person in particular who showed us the purchases made at the outing. Their smile and laughter showed us how satisfied the person was with this.

People's care plans were person centred. They included detailed information about people's personal history, individual preferences and information about activities they liked to take part in. For example, one person liked to go swimming and we saw in activity records that regular swimming sessions were offered for this person. Care plans had been reviewed regularly and people who used the service and their relatives had been involved in the process. We found that this system was effective, with care plans amended appropriately when people's care needs changed. All care plans had a summary of information about the person at the front of the record, for easy access. We also saw that the most recent care plan reviews had been attended by the person's placement officer and included a placement review to ensure that the service continued to meet peoples' changing needs.

The care staff told us that they would escalate any concerns to the registered manager, for example if someone lost weight or if they were unwell. We saw evidence of this where a person had lost weight and the person had been referred to their GP and an appointment with the dietician had been arranged. This showed that the service responded well to peoples' changing needs.

People living at the home and their relatives confirmed that they were consulted about their care when they moved into the home and if their needs changed. This was recorded in people's care records. Monitoring records were in place for people who had particular needs such as mental health issues, or a risk of choking. Health and social care professionals told us that they found the home's care plans to be clear and up to date.

Activities recorded for people included swimming, visits to the café, lunch at the local pub, shopping, day centres, drives and walks in the local park. People had been on holiday to Butlin's in September 2015. The lounge/dining room was decorated with large, bright pictures and some drawings produced by people living at the home. There were some stimulating displays including photographs of people at various events. Relatives told us that there were quite a lot of organised activities going on.

In addition to the care plans each person had a 'daily log' book. This was used to communicate between shifts and to summarise the care needs required on each shift.

People did not have any complaints about their needs being met, but said they felt able to speak up if they had any concerns. One relative told us, "I have no complaints whatsoever." We asked staff how they would deal with complaints and concerns raised by people living at the home or their relatives or other representatives. They all said that they would deal with the complaint/concern at the time if they could, and

also inform the registered manager. As one staff member noted, "If someone didn't like the food I would offer them something else, but I would let the manager know."

No complaints had been recorded since the previous inspection. The complaints procedure was available on the notice board and had been made available in pictorial format for people who were not able to read.

## Is the service well-led?

### Our findings

Relatives felt they were kept updated of any issues that affected them. They felt the registered manager and the staff team were open and honest. One relative said, "I am very impressed with the management, any problems that come up they deal with and they always get back to me".

There was a general feeling from care workers that the registered manager had made real attempts to promote a family type environment, where people felt safe and they could be themselves. They also told us that since our last inspection improvements had been made to the environment which made Barn Rise a much nicer place to work. One care worker said "Barn Rise feels like a nice and warm home to live and work in."

Staff told us they felt well supported by the registered manager and felt able to contact them about any issue that arose. One said, "We're never on our own, we can always call and someone will come straight way". We saw this in the interaction between the care workers and the registered manager, although professional there was openness and transparency displayed. Staff described an 'open door policy' from management, and was very positive about the working environment. Staff told us that they were well supported by the registered manager and provider. None of the staff raised concerns, they said that they had received formal one to one supervisions and told us that the monthly team meetings together with regular supervisions and appraisals met their needs and helped to improve the service provided to people. During the inspection we observed the registered manager engaging with people, and supporting people during lunchtime, demonstrating leadership by example.

The registered manager had been in post since 2009. They were well known by people and passionate about delivering high quality, person centred care to people living with learning disabilities. The registered manager was proactive in securing funding for a community based day service, which people started to access on a trisl basis. Feedback received form the registered manager and care workers spoken with was the positive impact this new day service provision had on people.

There were policies and procedures in place to ensure staff had the appropriate guidance required and were able to access information easily. Policies and procedures we saw each had a review date to ensure information was appropriate and current.

Staff told us and records confirmed that there were regular fire drills and fire alarm checks and servicing of alarms and firefighting equipment. A recently reviewed fire risk assessment and evacuation plan was in place. Certificates were available to demonstrate current and appropriate gas and electrical installation safety checks, and portable appliances testing.

We asked the management how they reviewed the quality of the service. They showed us records of audits undertaken including those relating to medicines records. Quality assurance checks were also carried out by head office staff including some placement reviews, and reviews of staffing, financial audits, cleaning, fire safety and accidents and incidents. The registered manager had monitoring systems in place to measure

quality and to ensure high standards of service delivery. We saw that several audits had been undertaken recently, including, infection control, care plan audits, and medicines audits. The audits and regular monitoring systems were updated electronically on a daily basis and sent to the providers head office for analysis. The registered manager told us that the organisation was currently planning to link the governance system with outside organisations such as the CQC. The current plan was that this system should link together with the Provider Information Return and provide on-going and up to date information about the locations performance. While this system was still in the testing phase it was seen as a very innovative system to provide governance information with outside organisations.

Staff explained the procedure for reporting items which needed to be repaired. Management were informed and items were documented in a maintenance book. Management then arranged for a maintenance person to undertake the work. Records indicated that maintenance issues were addressed swiftly. On the day of the inspection we saw the maintenance person undertake repairs to an external fire escape door.

The service promoted clear visions of promoting people's independence and the registered manager spoke to us about their aspirations for people to move safely on to independent living, if appropriate. They spoke of empowering people in every aspect of the care and support provided by the service to enhance and improve people's quality of life. The feedback received from relatives confirmed this approach and that staff knew how to engage people in activities that supports social inclusion and enhances their social confidence.

People who used the service, relatives and care staff had regular opportunities to make their voices heard. We saw evidence of this during the inspection. As well as formal meetings recorded, there were several one to one discussions taking place between care staff and people who used the service and this seemed to work well.