

# Voyage 1 Limited

# 1 Longmore Road

## Inspection report

1 Longmore  
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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 inspection took place on the 22 September 2015 and was unannounced.

1 Longmore Road is a care home which is registered to provide care (without nursing) for up to seven people with a learning disability. The home is a large detached building within Reading close to local shops and other amenities. People have their own bedrooms and use of

communal areas that included an enclosed private garden. The people living in the home needed care and support from staff at all times and have a range of care needs.

There is a full-time registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 who use the service had a range of communication skills. These ranged from verbal to limited verbal communication and other methods such as pictures to communicate their needs and wishes which were understood by staff.

People were provided with effective care from a dedicated staff team who had received support through supervision, staff meetings and training. Their care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and or health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

People were encouraged to live a fulfilled life with activities of their choosing. Their families were encouraged to be fully involved at the reviews of their support needs. People's families told us that they were very happy with the care their relatives received and had noted marked improvements of ensuring they were fully informed since the registered manager came to the service.

The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. People received good quality care. The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care.

# 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.

Staff knew how to protect people from abuse.

People's families felt that people who use the service were safe living there.

The provider had robust emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe. Medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Good



### Is the service caring?

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

Good



### Is the service responsive?

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well-led

People who use the service and staff said they found the registered manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The registered manager and provider had carried out formal audits to identify where improvements may be needed and acted on these.

Good



# 1 Longmore 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 22 September 2015 by one inspector and was unannounced.

Before the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. 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 also looked at all the information we have 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.

During our inspection we observed care and support in communal areas and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with three people who lived in the home and four relatives of people who use the services. We spoke with the manager of the home and five staff. We also received feedback from a local authority social care professional.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at four staff recruitment and training files and the profiles of three agency staff used by the home. We also looked at duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

# Is the service safe?

## Our findings

People told us that they were happy living at Longmore Road and were not worried about any aspects of the care and support they received. Comments included: "I would speak with (named keyworker) if I was worried or if anything goes missing" and "I like the staff".

Relatives of people who use the service stated: "I absolutely have no concerns at all, in fact we get the feeling (name) is valued and safe there". Other comments included: "when I have spoken with (name), she will say her only concern is when a person who lives there makes a noise. I have said to her that it is her choice to stay in the home or to move away if this gives her undue concern". The relative added: "she always responds with, oh no I don't want to leave Longmore".

Staff responded quickly to meet people's needs safely and to take time when supporting people with chosen activities. There was an established staff team employed by the provider that included a registered manager. Staffing shortfalls due to two fulltime and one part time vacancy were covered by bank and agency staff. The registered manager told us that they had completed interviews of prospective employees and hoped to recruit to those vacant positions.

One person required one-to-one support from staff throughout the day to ensure the safety of the person and others. There was in total five staff to support people with activities and to appointments until mid-afternoon. This was reduced to three staff in the afternoon and two throughout the night. There was an on-call system should staff require further assistance from management. Staff told us that in their opinion there was enough staff throughout the day and night to keep people safe and to support people to healthcare appointments and activities within the community and in the home.

People were kept safe by staff who had received safeguarding training. Staff told us the training had included face-to-face training and e-learning. They told us that this had made them more aware of what constitutes abuse and how to report concerns to protect people. Staff made reference to the organisation's whistleblowing policy; "see something say something". They told us if they

were not listened to by the registered manager or within their organisation they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC).

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Incident and accident records were completed and actions taken to reduce risks were recorded. The registered manager was attending risk assessment training on the day of our visit, but had cancelled this at short notice due to our unannounced visit. The registered manager stated there were areas of risk assessment that could be improved within the home that did not present an immediate risk for people, but required further support for staff to enable those improvements of recordings to take place.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

People were given their medicines safely by staff who had received training in the safe management of medicines. Staff competency assessments included e-learning, assessments and observations by senior staff before they could support people with their medicine. The assessments were signed off by the assessor and dated when in agreement that the staff member was confident and competent to support people with their medicine. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times.

Health and safety audits that included fire safety, infection control and safety monitoring checks of equipment used such as hoists and electrical equipment were regularly undertaken to promote the safety of people and others within the home.

# Is the service effective?

## Our findings

People were supported by staff to attend health care appointments. The outcomes of appointments and follow-up appointments were recorded and staff responded clearly to people's questions about their healthcare needs. For example; whilst we spoke with a person they asked staff why they had had a blood test and wanted to know the outcome, stating that they had forgotten. Staff reminded the person reassuringly of the reason and outcome. Whilst we were in conversation with the person, another person told us about the support they had received from staff when they visited their GP. People's relatives told us that they were always kept informed by staff. Comments included: "they take her to healthcare appointments" and "staff always keep us informed, we received good support whilst (name) was in the hospital".

Staff supported people to make healthy living choices regarding food and drink. People's meals were freshly prepared and well-presented and fresh fruit and vegetables were available. Each person had a "mealtimes" support guideline outlining what support was required to meet their needs for eating and drinking. Staff had completed e-learning on nutritional awareness to support people to maintain a balanced diet and had received training to support a person who was unable to take food and drink orally due to their specific health care needs.

People were able to visually see what was on the menu from pictures that enabled them to make an informed choice. One person asked staff what was for lunch. Staff responded by reminding the person of the menu board that was in the hall and to have a look. The person promptly did this and from viewing the picture menu read out what was for lunch and tea. The person told us that they were always given a choice about what they wanted to eat. People's weights were recorded monthly. Dietician input and support was requested should people experience difficulty with eating, require a specialist diet and/or have unexplained weight loss or gain.

Staff attended regular staff meetings and had received one to one supervision and appraisals that were structured around their development needs. The registered manager told us that there had been no new staff since the introduction of the care certificate that was introduced in April 2015. This is a set of 15 standards that new health and social care workers need to complete during their induction period. The registered manager told us that they had attended an information day on the new induction so that they would be prepared for when new staff commenced employment with them.

The registered manager confirmed that all training would be linked to the new standards for existing staff to refresh and improve their knowledge. Training had been arranged for staff to meet health and safety, mandatory and statutory requirements as well as training to support specific individual needs. This included understanding behaviour and non-violent crisis intervention training (MAPA/NCI). Staff spoke of triggers, specific to each person and told us how they reduced the risk of behaviours (incidents) recurring. Records specific to individual's included behaviour observation charts that detailed what happened immediately prior to the behaviour to identify if there were any triggers.

The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The provider had submitted appropriate applications for DoLS to the local authority. The care plans for a person who was subject to authorisation under DoLS had shown how they would be supported to ensure their safety and the safety of others.

# Is the service caring?

## Our findings

There was a comfortable and relaxed atmosphere as staff responded to people in a respectful caring manner and listened to what they had to say. People were able to come and go as they pleased dependant on risk and with staff support.

People were encouraged by staff to make decisions about everyday activities such as choosing what to eat, what to wear and how to spend their time. People said: "I like living here, I have my own bedroom, and it was decorated by (name) when I was in hospital". "I've no lock on my door but I shut my door when I'm changing. Staff always knock the door and then I tell them to come in". A person showed us pictures of their family and said: "they give me a phone call when they are ready to visit and bring me lots of dresses; my favourite colour is blue". Relatives of people told us that the staff were very caring and attentive. One relative said: "they have improved communication lately as they are now in regular contact with us". Another relative said: "I never announce I am coming to visit, I just turn up and I'm always made welcome".

Staff had attended training that covered dignity and respect and made reference to promoting people's privacy.

Staff clearly knew people's likes and dislikes with regards to recreational activities, daily living and of the importance of supporting people to keep in touch with family and friends. Staff were clear about personal boundaries when they responded to people's questions about their family life. This had contributed to the family atmosphere within the home as people and staff spoke with one another of daily events in their lives that could be shared.

People's care plans centred on the needs of the individual and detailed what was important to the person such as contact with family and friends. People were supported by staff and treated with kindness and compassion and staff treated people with dignity and respect by given the person time to respond to questions.

There were people who were non verbal. Staff understood people's requests by using pictures of reference and body language that individual's communicated through. This enabled staff to support those individual's to make choices and express their views.

The service had guidelines on personal and professional boundaries for staff. Communication plans identified how the service gained consent from individuals that evidenced preferences such as cross gender care, cultural and religious beliefs.



# Is the service responsive?

## Our findings

People were able to express their views through verbal and non-verbal communication skills. Staff understood people's requests and showed patience and understanding as they supported them. For example, people were encouraged by staff to join in conversation and participate in daily tasks to promote their independence. People and their relatives told us that there was always something to do either in the home or in the community. On the day of our visit people were being supported to attend activities in the community whilst others chose to stay at home doing the things they wanted, such as playing electronic games and gentle exercise. One person attended their monthly keyworker meeting.

A member of staff said: "we used to have regular key worker meetings but they stopped and recently have been reintroduced. I'm not sure why they stopped there was no real reason but it is good that they have restarted".

Keyworker meetings reported on the person's life that included information about healthcare appointments and activities that had contributed to the person's assessment and review process. One person said: "my key worker is nice, she's off at the moment" and then promptly named the staff that were named keyworkers to people who lived in the home. We overheard staff asking a person during their key worker meeting if there was anything that the person had accomplished since their last meeting; making reference to a goal that they had set. The staff member was caring and non-judgemental and supportive towards the person as the person indicated that they had not met their goal.

Support plans were split into sections to describe what was important to the person such as the person's preferred communication method. Other sections described how the person wanted to be supported with personal care and whether this was with prompts from staff supporting them or assistance with areas of personal care. Staff said that they felt there was enough detailed information to support people in the way they wanted to be supported. However, the registered manager told us that they were in the process of reviewing the documentation held within people's records as she stated it was felt these could be further improved.

Reviews of people's care and support needs were completed at least annually or as changing needs determined. Professionals and people's families were invited to their reviews and were fully involved. Comments from people's families included: "I'm always invited and attend reviews that are usually combined with the (name of a day-care centre)".

The provider had a complaints policy that was accessible to people and their visitors. The registered manager told us that the home had received four compliments in the last 12 months that had a common theme, which stated the home was warm, friendly and inviting. There were no registered complaints in the twelve months up to the date of our visit to the home. Comments from relatives included: "I feel I would be listened to if I had a concern, I do contact them regularly to ask what (name) has been doing and how she is". "I've not really got any concerns, I suppose you always think they will not do as good as you, I think if (name) is happy then I am".

# Is the service well-led?

## Our findings

There was a registered manager at 1 Longmore Road who has been registered with the Care Quality Commission since 23 March 2015.

The registered manager was present throughout the inspection process.

People's families told us that the registered manager and staff were approachable, supportive and always valued the importance of ensuring their relatives (people who use the service) were encouraged and supported to keep in contact with them. They told us they were asked for their view of the services provided. Comments from people who use the service included: "it's very okay here since (name of manager) came", whilst comments from relatives about the registered manager included: "she's marvellous very enthusiastic".

An annual service review had taken place in July 2015. Questionnaires were sent to people the service supports and their relatives and also to staff. The review identified 'what was working' and 'what was not working'. For example, feedback from people's relatives about what was not working well included: "communication between staff and relatives, restocking people's essential toiletries, people's personal items and clothes haphazardly put away. When we spoke with relatives they told us that many improvements had recently taken place. One relative said:

"they have improved communication as they are now in regular contact with us". Another relative said: "I've received questionnaires, I think some changes have occurred most likely from comments I have made in these".

Staff told us they felt supported by the manager whilst stating that she had an open door policy and created a positive atmosphere in the home. They told us that they worked well as a team, adding that the manager has had no hesitancy to speak with staff either individually or in a group to promote good practice. As an example, staff spoke of improved contact with people's relatives to ensure they were always fully informed and of measures taken to arrange social events in the home that involved people and their relatives.

The service had robust monitoring processes to promote the safety and well-being of the people who use the service. Health and safety audits were completed by the manager and or senior staff with actions and outcomes recorded. For example; one audit identified that there was no risk assessment in place for the pond in the rear garden. This followed a risk assessment of the pond with measures taken to promote people's safety.

The operations manager visits the service monthly to monitor health and safety within the home and people's care and support plans. Audits were also completed by external agencies such as the supplying pharmacist.