

# Voyage 1 Limited







# Croft House

## Inspection report

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### Ratings

<b>Overall rating for this service</b>	<b>Requires improvement</b> 
Is the service safe?	<b>Requires improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires improvement</b> 

### Overall summary

The inspection took place on 13 November 2015 and was unannounced. This was the first inspection of the service since it changed to a new provider in June 2014.

Croft House is a registered care home providing care and support for up to six adults with learning disabilities. There were six people using the service at the time of our inspection.

There was a registered manager at the service. 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. At the time of our inspection the registered manager was working their notice period before leaving the service.

People felt safe at the service and staff knew how to report any concerns. Where a concern had been reported the service had taken appropriate action to keep people safe. The service carried out appropriate

# Summary of findings

pre-employment checks before people started work. Staff complete the Care Certificate as part of their induction and received relevant training to enable them to carry out their roles.

Staff knew people that used the service well and showed concern for their well-being. We saw that people had detailed behavioural guidelines in place for staff to follow. This ensured that people received consistent approaches towards their care and behaviours from staff members.

The service was working within the principles of the Mental Capacity Act 2005. Where there was a reasonable doubt that a person had capacity to give consent to a decision a mental capacity assessment had been carried out. Where appropriate a best interest decision had been made and a referral sent to the local authority if the decision deprived people of their liberty in any way.

Staffing levels enabled the service to be responsive to people's needs. People were supported to in their interests and carry out activities of their choice. People were able to choose which activities that they carried out.

Staff felt supported by the registered manager but there had been a recent period where the registered manager had been off from the service where staff felt that they had not received appropriate support.

There was a quality assurance process in place and audits of the service had been carried out. These had failed to identify the concerns with medicines that we found and the risks that this posed to people using the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Staff understood their responsibilities under safeguarding and felt able to report concerns. There were enough staff to meet people's needs. There was not an accurate record of the medicines that were at the service and this posed a risk to people that used the service.

Requires improvement



### Is the service effective?

The service was effective.

There were effective communication plans in place to support staff to understand people. Staff received training to enable them to meet people's needs. The service worked in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

Staff knew and understood people's needs. Staff showed concern for people's well-being. Staff respected people and promoted people's independence.

Good



### Is the service responsive?

The service was responsive.

People that used the service contributed to the assessments of their needs and the planning of their care and support. People were supported to carry out activities of their choice. People were supported to follow their religion.

Good



### Is the service well-led?

The service was not consistently well led.

The registered manager was aware of their requirements and responsibilities of their role. Staff shared an understanding of the values of the service that included involvement, independence and respect for people that used it. Audits had failed to identify the concerns with the recording of medicines that we found.

Requires improvement



# Croft House

## 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 13 November 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed notifications that we had

received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service.

We met all six people that used the service and spoke with two of them. Verbal communication with people was limited. One person showed us their room. We spoke with the registered manager, one acting senior and two support workers. We spent time at the service observing support that was being provided. We looked at records relating to medication and carried out a stock check of medicines that were used by people at the service. We looked at care records of the two people that used the service and other documentation about how the service was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

# Is the service safe?

## Our findings

People told us that they felt at the service. Staff felt that people were safe. The provider had told us in their provider information return (PIR) that they displayed a 'See something, Say something' posters to allow the people they supported, staff and other concerned agencies the opportunity to raise concerns anonymously and at a corporate level. We saw that this was on display. Staff had a good understanding of the various types of abuse and told us how they would report any concerns. This was consistent with the provider's policy and in line with the local safeguarding authority protocol. Staff told us that they felt able to raise any concerns.

The provider told us within their PIR that they reported safeguarding concerns to the local safeguarding authority, the Care Quality Commission, relatives of people that used the service and the provider's operational team. They also told us how these were also entered onto a computer system to ensure that concerns could be monitored for trends and themes. We saw that safeguarding concerns had been dealt with in this way. There was an ongoing safeguarding investigation being carried out at the time of our inspection. This had been referred to the local authority by the provider where an incident had occurred. The service had taken appropriate action in relation to the incident to ensure that people were kept safe.

People had personal emergency evacuation plans in place. These provided information about people's needs and requirements should the event of an evacuation occur. There were regular fire safety checks carried out. Fire drills were held to familiarise people that used the service with the procedure and ensure that staff knew what to do in the event of a fire.

We saw that incidents and accidents were recorded. These also included details of any follow up actions that the service had taken in response. For example, when a person had become distressed in a car the service had tried an alternative seating position and amended the risk assessments and guidelines for staff to follow in relation to this. Risks had been assessed on a 'stop, think, go' basis to prevent people from being risk averse but ensuring that they thought about risks and how they could reduce them. Staff were aware of known risks relating to people's behaviours and made visitors to the service also aware.

When we asked people that expressed that there were enough staff on duty. Staff told us that they felt there were always enough staff to meet people's needs. We saw that there were sufficient staff to meet people's needs. People were supported with one to one staffing throughout the day time and one shared staff member overnight. Another member of staff slept overnight at the service. This was so that should the need arise they were available. On the morning of our inspection prior to our arrival a staff member had contacted the service to say they unable to attend work on that day. The service had taken action and covered the shift with an agency member of staff so that people were still able to continue with their planned activities for the day. The provider told us that rotas identified the senior shift leaders, the names of the people working on shift and the contact details of the person on call. We saw that this was the case.

The provider told us that their recruitment process involved carrying out Disclosure and Barring Service (DBS) check and recent employment references for new starters. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. We saw that the pre-employment checks before people started work. The service also had a probationary period to ensure that staff were suitable for the roles.

The provider told us that medication was stored securely and audited both on a weekly basis and at the end of each month. We found that there were procedures in place to ensure that people medicines were managed safely. However we were concerned to find some medicines that should have been returned to the pharmacy were still in the medicines cupboard. These medicines had been recorded and signed in the returns book but had not actually been returned. Some of these medicines we were unable to identify as they were loose tablets and some had been there for approximately six months. There was not an accurate record of all of the medicines at the service. There was a person at the service who swallowed medicines if they found them due to a condition that they had. There was a risk that if this person accessed the medicines the service would not be able to identify what they had taken and take appropriate action in response.

# Is the service effective?

## Our findings

Staff told us that they received training to enable them to meet people's needs. They told us how they undertook a number of courses online but that they also had practical session training where they needed it. For example, they had attended a practical training session in the management of actual or potential aggression (MAPA). This trained staff to identify behaviours that indicated an escalation towards aggressive or violent behaviour and to take appropriate measures to avoid and de-escalate crisis situations. Staff told us that this training had helped them to understand and deal with people's behaviours. One staff member told us how they were currently undertaking their level 3 diploma in health and social care under the qualifications and credit framework (QCF). As part of their induction period at the service new staff are required to complete the Care Certificate. The Care Certificate is a new government initiative to introduce a Care Certificate for new care workers from 1 April 2015. It is aimed at improving the skills, knowledge and behaviours of staff working in adult social care by covering 15 standards. The provider's implementation of the Care Certificate showed they kept up to date with national guidance and recommendations and took swift action to implement them.

Staff told us that they received regular supervision and an annual appraisal. We saw records that confirmed that these took place. Staff told us that overall they felt supported in their roles. However, there had been a recent period of almost a month where the registered manager and deputy manager had been off. The provider had put in additional support during this time that included a registered manager from another location working at the service. Staff felt that they were not supported effectively by the provider during this time.

People that used the service had limited verbal communication. Staff had a good understanding of people's needs and knew their preferred methods of communication. Details about preferred communication methods were recorded in people's care plans. We observed staff communicating with people in their preferred way. Staff told us how a number of people used Makaton to communicate. Makaton is a language programme using signs and symbols that helps people to communicate. Staff told us how they practiced Makaton signs during staff meetings to ensure that they could use it

effectively to communicate. We also saw that there was pictorial signs and meanings recorded in people's care records. We saw staff communicating in this way with people.

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. We checked whether the service was working within the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw that where there was reasonable doubt that a person could be presumed to have capacity to consent to a decision a mental capacity assessment had been carried out. Where appropriate a best interest decision had been made and a referral sent to the local authority if the decision deprived people of their liberty in any way. The applications that the service had made under DoLS had been authorised. This was because the decisions were the least restrictive options and agreed.

All of the staff members that we spoke with had a good understanding of MCA but support workers were less confident when it came to DoLS. Staff did tell us that if they were unsure of anything relating to people's capacity or decisions then they would speak to the registered manager about any concerns. We discussed staffs understanding of DoLS with the registered manager who advised us that this had recently been identified as an action point within a recent audit. They told us about further work that they were doing with staff to enable them to gain a better understanding and they showed us a questionnaire that had been devised.

We saw that people were supported to have regular drinks and snacks if required throughout the days. One person told us how they'd been out for a walk and had a drink and snack whilst out. Mealtimes were a social occasion where staff and people that used the service sat and ate together and engaged in general conversation about their day. We

## Is the service effective?

saw that people were provided with appropriate support to enable them to maintain their independence while eating. An example of this was a person being provided with a guard on their plate to avoid their food from moving off their plate while they were eating.

People told us the food was good. People's food likes and dislikes were considered and a weekly menu was put together with people using pictorial aids. Information about the importance of eating a balanced diet was available to support people with their decision making. We saw that people were supported to have a balanced diet. We saw that where people did not want or like the options available they were offered alternative meals.

People had health action plans that contained details of involvement and visits to and from external health professionals. We saw that people had involvement from

occupation therapists, the dietician, GP's, podiatrists and the dentist as required. We found that when a staff member had identified a concern with a person's health they contacted the GP without any delay. We also saw that the service used a behavioural therapist who was employed by the provider to support them with people's behaviours. The behavioural therapist completed individual emotional and behavioural guidelines for people to ensure that the service were providing support in the least restrictive and professional manner.

We saw that people had detailed behavioural guidelines in place for staff to follow. This ensured that people received consistent approaches towards their care and behaviours from staff members. During our inspection we saw that staff responses to people's behaviours was consistent and in line with their support plans.

# Is the service caring?

## Our findings

The provider told us that staff familiarised themselves with people's individual support guidelines. They told us that this allowed positive relationship building with people. We saw that these were in place and staff we spoke with were knowledgeable about the support that people required. The provider told us that individual person centred support guidelines were in place with values of what was important to and important for each person to ensure their needs were met. Staff had a good understanding of people's needs. They knew and understood people's conditions and were able to tell us about things that were important to and important for each person.

A staff member told us, "The staff are all amazing, they really understand and respect the [people using the service]." We saw staff responding appropriately to people's anxieties. They made time to listen and responded to people in line with their emotional guidelines. Staff were respectful of people and responded to them with dignity. We saw one person became tearful while reminiscing to themselves. Staff did not dismiss their comments, they showed concern for their well-being and drew the persons attention to a positive and funny experience they had in their past. This made the person smile and content.

The service operated a keyworker system. This was where people had an assigned member of staff responsible for overseeing their care. Staff told us how they were placed with people that they had similar interests to so. On the day of our inspection one person who enjoyed walking was accompanied by a staff member who also enjoyed walking on a five mile walk.

People were provided with information in their preferred ways. We saw that information was recorded about how people liked to be given information, what the best way was for it to be presented to the person, when it was a good time for the person to make a decision and when was a bad time for them to make a decision. For example, we saw that

one person used objects of reference to assist them to make decisions and the time for them to make the decision was immediately before it needed to be made. We saw staff support the person in this way by offering them a choice of visual choices of activities for the afternoon.

People were provided with choices about their day to day care and how they spent their time. We saw that one person had finished their lunch and staff asked them if they were ready to wash their hands. The person did not get up. Staff respected this and waited until the person got and walked towards the bathroom before asking them again and then with their agreement supporting them to wash their hands.

Staff had a good understanding of how they were able to respect people's privacy and dignity through the everyday support they provided. Staff told us that they knocked before entering people's rooms and ensured that people's bedroom doors were kept closed. We saw that staff were respectful of people's privacy. They knocked and waited before they entered people's rooms and where people were under continuous supervisions of staff they maintained an appropriate distance when people left the room so the person did not feel too restricted.

A staff member told us, "We all [the staff] support people to be as independent as they can be." They went on to tell us how they promoted people's independence by involving them in day to day household tasks such as cleaning and washing. One person showed us that they had changed their bed. They told us they were going to do their washing. They showed us on their i-pad a picture of a washing machine in mid-cycle. Staff told us how this promoted the person independence by going through the process with the person then getting them to carry it out. Staff also gave us other examples of how they promoted people's independence throughout their day to day work. This showed that staff had a good understanding of how they were able to promote people's independence.



# Is the service responsive?

## Our findings

People that used the service contributed to the assessments of their needs and the planning of their care and support. This was evident from the information we saw in people's support plans. The provider told us that regular meetings were held with people that they supported to ensure that plans continued to meet their needs. They also told us how an annual service review for each person took place. This is where they discussed people's needs and addressed any issues. They told us how they discussed what was working well and what 'wasn't working well. We saw that annual service reviews had taken place.

Care records contained information about how people wanted to be supported and clear guidance for staff about how to meet their needs. Care records also contained information about people's life histories and things that were important to them. For example, we saw how it was important for one person and their family that they remained actively involved in the church. We saw that staff supported them to attend the church service every Sunday and to a Christian fellowship group once a month. We saw that another person was supported to attend college each week. Staff told us that this was important to the people using the service and we saw this was detailed in their care records.

Staff told us that people attended social events such as the weekly 'curry night' at a local pub. They also told us how they held themed social nights at the service. One staff member told us that they were arranging a 'cowboy and western' themed night the day after our inspection. They told us how they were planning to decorate the living room and have western themed food.

People were supported to go on holidays. One person had been to a holiday camp and one person had been to Scarborough within the past few months. Whilst they were relaxing in the lounge we saw one person looking through the photographs of their holiday on their i-pad.

People had one to one staffing throughout the day. This enabled people to have the support they required but also provided flexibility to enable the service to be responsive to their needs. For example one person told a staff member that they wanted to see the bees. The bees were kept locally in a field. A staff member supported them to go and see the bees.

People that used the service were involved in meetings with their keyworkers where they discussed things that they would like to do. People were supported to follow their hobbies and interests. We saw that one person who enjoyed swimming was supported by staff to go. Staff told us how another person enjoyed seeing animals and they were supported to go to a safari park. We saw other examples where people were supported on walks, with horse riding and to visit their favourite places of interest.

People told us if they were not happy about something then they would tell staff. Staff were aware of the complaints procedure and knew that any complaints should be referred initially to the registered manager. We saw that one complaint had been received within the last 12 months. It had been fully investigated and responded to.

We saw that there was a 'See something, say something' poster on display that provided people with contact details and advice about how they could make a complaint or raise a concern. There was a policy and procedure in place for dealing with any complaints. This was made available to

people and their families and provided people with information about how to make a complaint.

# Is the service well-led?

## Our findings

Staff felt supported by the registered manager and able to make suggestions and ideas. However, there had been a period of approximately one month where the registered manager and deputy had been off and they did not feel supported during this time. One staff member told us how their job role had changed during this time but they had not had any discussions with a more senior staff member about this. We discussed this with the registered manager who advised us that they ensure that this was addressed.

There was a clear vision at the service shared by all of the staff. The values of the service included involvement, independence and respect. We saw that these were promoted by the registered manager and support staff in their day to day work. A staff member told us, "We [the staff] all have a very high standard of respect for the people here."

The registered manager knew and understood people that used the service well. They could tell us about people's life histories and ensured they were up to date with people's support and care needs. We saw that monthly newsletters were produced for people and sent to their families. These included photographs and information about what people had enjoyed doing throughout the month.

There was a registered manager at the service who was aware of their legal responsibilities and obligations. We had received notifications from the service as required. We saw that monthly managers meetings were held by the provider and they allocated time to discuss lessons learned across the organisation.

Annual quality assurance questionnaires had been sent out to staff and relatives one month prior to our visit. We saw that the ones that had been returned provided positive feedback about the service. We saw two compliments that had been recently received by the service. One of these in relation to the service stated 'A very nice and supportive staff team and a warm friendly environment to visit'. People that used the service had meetings with their keyworkers where their views about the service were sought.

The provider had told us in their PIR that they held an annual open day for families, friends, the local community and neighbours as part of ensuring that the service is well led. We spoke with the registered manager about this who advised us that it had not taken place within the last year.

The registered manager completed a quarterly self-audit of the service. This provided a plan of immediate actions required and was then monitored by the operations manager. In addition the provider's internal quality and compliance team completed a six monthly audit. An action plan was then produced and the service had to detail the actions that they were taking in response.

An environmental audit had been carried out in July 2015 by the registered manager and the property manager. A number of areas had been identified as requiring attention and these were being prioritised by the provider. Some of these identified actions were still to be carried out.

The last quality and compliance team audit had taken place on 13th and 14th October 2015 during the time when the registered manager and deputy manager were absent from the service. The audit identified a number of issues, including the outstanding maintenance such as damaged blinds and chips to paintwork. However the audit had failed to identify the concerns with medicines that we found. We looked at the provider's action plan from the audit. We saw that it contained details of the actions required along with dates that actions should be completed by and who was the responsible person for each action. We saw that this was continuing work in progress. A number of actions had been completed within the required deadlines but some were also overdue at the time of our inspection.

The registered manager was in the process of leaving the service. The provider had brought in another manager to work alongside the registered manager to support them with the completion of the action plan before the registered manager left.