

Voyage 1 Limited

17 Walsworth Road

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

About the service

17 Walsworth Road is a residential care home providing personal care to six people at the time of the inspection. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning and physical disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People and relatives were happy with the care and support they received. Staff were friendly and attentive to people's needs. People were not able to share their views on staffing, but relatives told us there were enough staff to meet people's needs. However, at times changes in staff schedule meant that outings had to be rearranged. Staff were trained and felt supported.

People looked comfortable with staff and responded in a way that indicated they felt safe. Staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance adhered to.

The environment had plenty of communal space for people to enjoy. People enjoyed the activities that were provided, staff told us there were regular opportunities for people to go out and people were encouraged to live full lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in planning their care with their relatives, if appropriate. Not everyone who lived at the service had end of life care plans developed. However, the registered manager had begun work on these and was communicating the importance of capturing this information before it was needed with relatives. There had been no recent complaints. Feedback was sought through meetings and surveys.

Feedback about the registered manager and staff team was positive. There was an open culture in the home and an expectation that people were supported in a person-centred way. Staff were clear about their roles and the management team engaged well with the team and other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (published 30 June 2017). At this inspection the service has remained rated as Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

17 Walsworth Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

The service had a manager who was registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service, however they were unable to verbalise their views about the service to us, and two relatives about their experience of the care provided. We spoke with the registered manager and three members of staff. We used the 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 with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service.

After the inspection

We looked at quality assurance, training and activity records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had their individual risks assessed.
- Staff were aware of individual risks and we saw them working safely.
- People received the appropriate support in relation to safety and the registered manager gave clear guidance for staff and checked on their performance. This included behaviour that may challenge, the monitoring of a person's epilepsy and support with mobility and going out.
- There were systems in place to manage fire safety. Staff had a good understanding of what they needed to do in the event of an emergency. Staff attended fire drills.
- Accidents and incidents were reviewed for themes and trends. The reviews checked that all remedial action had been taken.

Systems and processes to safeguard people from the risk of abuse

- People were unable to tell us if they felt safe. However, we saw people were comfortable to approach staff and were relaxed in their company. Relatives also told us that they felt people were safe.
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibility and how to report concerns during meetings and were able to tell us what they would do if they had concerns about a person's welfare.
- Incidents between people were notified and appropriate action taken to try and reduce any reoccurrence.

Staffing and recruitment

- People were unable to tell us if they felt there were enough staff to meet their needs. Relatives told us there were enough staff. One relative said, "At times when staff are off sick it means an activity can't go ahead, I wonder if there is a plan B for this." They went on to tell us that this affected the activities outside of the home sometimes regularly. Following the inspection, we asked the registered manager to tell us what they would do to minimise this impacting on people. They told us, "Alternatives are offered when scheduled activities can't be done for some reason and recorded as can be seen on the activity checklist." The activity checklist was also sent to us.
- Staff said there were enough staff and this meant that they were able to spend time with people doing one to one activities and taking people out. One staff member said, "People can plan how to spend their day."
- On the day of inspection, we saw that people received support in a timely manner and staff were able to spend time with people.
- Robust recruitment processes were followed. This helped to ensure that staff employed were suitable to work in a care setting.

Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions.
- Records tallied with stock held and staff had received training.
- There were daily checks on medicines management within the home and a monthly audit.

Preventing and controlling infection

- The home was clean and there were systems in place to manage infection control.
- Staff had received infection control training and we saw this being put into practice. We noted that a staff member help someone wipe their nose and then went to wash their hands.
- Relatives told us the home was kept clean.

Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates needed, the registered manager shared this information with the staff team through meetings and supervisions.
- Staff told us that they were kept informed of changes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff were kept informed of what was expected of them and this was checked at meetings and during the management teams' observations.

Staff support: induction, training, skills and experience

- People's relatives told us they felt staff were trained for their role.
- Staff had received training in subjects relevant to their role and they told us they felt equipped to carry out their role. One staff member said, "We do some online and some face to face, but I feel I have the skills I need."
- Staff said they felt supported and had one to one supervision meetings. Staff completed an induction and shadow shifts before starting work on their own.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed a varied and balanced diet.
- People were able to help decide on the menus and choices were available. People had the opportunity to help prepare meals if they wanted to. Relatives told us the food was good.
- Dietary needs were known by staff and people were encouraged to eat and drink well.

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority to help ensure people received safe and effective care.
- There was good communication between staff and professionals to help ensure people's needs were being met consistently.

Adapting service, design, decoration to meet people's needs

- The building had been designed in a way that allowed people to move around freely. There were ample communal areas for people to use and people could use the garden. The home was close to the town centre which meant people could walk into town if they wanted.
- Bedrooms were personalised, and bathrooms had enough equipment to enable people to enjoy a bath. The heating was being repaired on the day of inspection as there had been some issues reported the previous day. However, the house felt warm. A relative told us the maintenance team were responsive.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals.
- We saw when needed referrals were made to specialist healthcare teams, such as the epilepsy nurse or the speech and language team.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately. The team acted in the best interests of people and respected their choices and understood the role of relatives with power of attorney.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do. The staff team had supported a person to change the frequency that they attended the day centre as this was their preference.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors before entering.
- Staff were discreet when speaking to people or about people's needs.
- Records were held securely so to promote confidentiality.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us that staff were kind and respectful. A relative told us, "The staff are kind and friendly."
- Interactions observed were positive. We heard and saw staff being attentive and reassuring to people. One staff member had to pop to a shop before taking a person out, but they went to see the person and explained what they were doing.
- Staff engaged with people frequently and spent time with them chatting and laughing. The atmosphere in the home was light and cheerful and people had developed positive relationships with staff who knew them well.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in planning and reviewing their care. Relatives told us that staff contacted them about any changes if appropriate. One relative told us they were working with the management team to develop a timetable for their relative and they were liaising with the registered manager about timescales for this to be completed.
- Care plans included a record of people's involvement.
- Staff asked people before supporting them. For example, if they wanted to move from where they were sitting or if they would like a drink.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People we spoke with were unable to tell us their views about the care they received. Relatives told us that they were happy with the care provided.
- Care plans covered all areas of people's needs. They were person centred, easy to follow and captured what was important to people. Staff knew about what was important to people and how people liked to be supported.
- Relatives told us that staff were responsive to any concerns or worries about a person's welfare.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff took time to communicate with people who had impaired communication.
- Care plans clearly set out how each person needed to be supported with communication and staff knew people's abilities and how they needed to approach people. Details on how to communicate with people, to help ensure their choices could be considered, were clearly set out in care plans with the expectation that staff get to understand how to communicate with each person. This included what gestures may indicate. Some people used Makaton to support communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the activities provided. One person said, "I'm going swimming."
- There were activities going on during the inspection.
- Everyone had individual activity planners displayed listing all the activities planned for each day. This helped staff plan the days. Staff told us that people went out often. There were lots of planned Christmas activities and outings coming up. One staff member said, "A few people enjoy the disco on a Friday and [name] likes to go into town for a coffee."

Improving care quality in response to complaints or concerns

- Relatives told us that they had no complaints about the care and felt confident to raise an issue if one arose. One relative said, "[Registered manager] are always willing to listen." They went on to say, "He is good at finding solutions."
- There had been no recent complaints. However, there was a system in place to capture and respond to a

complaint if one was received.

End of life care and support

- The home was not providing end of life care to anyone at the time of inspection. People living at the service were young and not approaching the end of their lives.
- End of life care plans were not in place for everyone living at the home. The registered manager told us this had been a difficult process as many relatives were not yet ready to discuss this. We discussed the need to ensure plans were developed to give staff guidance on how to support people appropriately and give support to staff at these difficult times, should the need arise. The registered manager had added this action to the ongoing improvement plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were positive about the registered manager and the running of the home. A relative told us, "I can't fault them."
- Staff told us that the management team were very approachable and supportive. One staff member said, "[Registered manager] is always around, he is very good."
- The registered manager was around the home regularly to help ensure people received care in a person-centred way. They gave guidance to staff and explained the importance of it.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was proud of the home and the staff team. They told us, "We have a stable team, we haven't used agency staff since 2010." Staff told us that they always provided support and thought the registered manager was good for the home.
- Meeting notes showed that safeguarding issues were discussed. Changes to practice that were needed to keep up to date and provide the appropriate care were also discussed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out checks and audits to satisfy themselves that standards were maintained and regulations were met.
- Where these checks had identified shortfalls, action plans were implemented to address the areas. We found that this had been effective as the service provided people safe and appropriate care.
- There was a provider visit regularly which tested that systems in the home to ensure it was running in the way expected. Actions arising from this were signed off as completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular opportunities for meetings where people were encouraged to express their views. The meeting notes included feedback for people, some people had signed the notes. There had been a survey completed in May 2019 and feedback received was positive.
- Staff also told us that there were regular meetings and opportunities to speak with the registered manager.

Continuous learning and improving care

- Incidents and events were reviewed, and meetings discussed any learning as a result.
- Relatives and staff didn't feel that the home could be improved. A relative told us, "I can't think of anything to improve."

Working in partnership with others

- The management team worked with the local authority to address areas they found as needing development. A recent visit with the local authority had a positive outcome.