

Voyage 1 Limited

130 Whitworth 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

We inspected 130 Whitworth Road on the 22 January 2016. 130 Whitworth Road, is a small home in Swindon, offering accommodation and support to four people with learning disabilities.

There was a registered manager in post 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.

People's needs were assessed and clear guidance was in place for staff to mitigate those risks. There was a good understanding of safeguarding within the service, what constitutes abuse and what action to take is abuse was suspected. There were enough suitably qualified staff deployed to meet people's needs.

Staff received appropriate support to do their roles both day to day and through structured supervisor and appraisal. Staff were well trained and had access to further professional development. People's dietary needs were understood and they enjoyed a balanced and healthy diet of their own choosing. The service worked well with other professionals to ensure people needs were met safely.

Staff were described as caring and this matched our own observations. People clearly appreciated their relationship which staff and we observed many trusting and warm interactions between people and the staff that were with them. People's privacy and dignity were respected.

People benefited from a person centred culture where their needs and wishes were documented. People also had the opportunity to develop goals and were supported by a staff team who understood those goals and worked towards them. Feedback was important to the service to ensure continued improvement.

The leadership within the service was described as very good by staff and relatives we spoke with. There were effective systems in place to monitor the quality and safety of the service. There was a clear vision within the service and an open culture for people to raise their views if they felt they needed to.

## 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

People's needs were assessed and clear guidance was in place to manage risks.

Staffing levels were adequate to meet people's needs.

People received their medicines when required and their medicines were stored and managed safely.

People were protected from abuse by staff that understood their responsibilities in relation to safeguarding and systems to manage their finances.

### Is the service effective?

Good ●

The service was effective.

Staff received ongoing support and guidance and had access to regular training and development programmes.

Staff understood and applied the key principles of the Mental Capacity Act 2005.

People enjoyed a healthy diet and had regular access to health professionals. This was supported by a clear health action plans that were in place.

### Is the service caring?

Good ●

The service was caring.

Staff were described as caring and this was supported by our observations.

People's dignity and privacy was respected.

Friendships were encouraged and supported along with positive relationships between staff and the people they supported.

People's independence and right to take risk was respected and

encouraged.

### Is the service responsive?

Good ●

The service was responsive.

There was a clear person centred culture within the home that captured and understood people's preferences and ambitions through clear person centred documentation.

When people's needs changed the service responded.

There was a complaints procedure in place that people knew how to use if required. Complaints were managed swiftly and in line with the documented procedure.

### Is the service well-led?

Good ●

The service was well led.

Staff felt motivated to work hard and provide a high quality of care and support.

Quality and safety were monitored by effective systems in place across all aspects of the home.

There was a clear vision for the service that had been instrumental in people's development. We also saw the impact this vision had had on people's lives.

# 130 Whitworth 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 was 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 the 22 January and was unannounced. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed the information we held about the service. This included notifications, which is information about important events which the service is required to send us by law.

At the time of the inspection there were four people being supported by the service. We spoke with two people who were using the service and two people's relatives. We spoke with two professionals who visit the service as part of their roles. We also conducted a short observation framework for inspection. (SOFI). A SOFI is a method of observing the experiences of people who cannot communicate with us verbally. We spoke with the registered manager and three staff. We reviewed three people's care files, records relating to training, and the general management of the home.

# Is the service safe?

## Our findings

People's relatives felt the service was safe. Comments included: "Oh yes, very safe, very reassured"; "It is a safe service, no issues" and "People are safe yes, the staff are good". Professionals we spoke with also felt the service was safe. Comments included, "People are kept very safe".

The staff team had a good understanding of safeguarding, what constitutes abuse and what to do in the event of suspecting abuse. Safeguarding procedures were clearly displayed and safeguarding alerts had been raised appropriately with the local authority safeguarding team. People were also protected from the risks of financial abuse as there were clear arrangements in place for the storage and management of their personal finances. We saw that people's finances were being clearly recorded and accurately accounted for.

People had risk assessments in place to ensure risks in relation to their needs could be supported safely. For example, people assessed as at risk of developing pressure sores had relevant risk assessments in place with clear guidance to ensure their safety.

Medicines were administered safely to people who required them in line with documented guidance. Medicines were stored safely and stock levels were regularly checked. We observed people receiving their medicines in line with the provider's guidance by staff who were trained to do so. We observed that PRN ('as needed') protocols were in place. We saw several examples of these which included 'name, strength, form', 'dosage', 'route', 'what for' and 'when to give'. Information referred to assessment criteria, maximum quantity per day, other medicines, extra notes and review. We noted that a PRN protocol required staff to ring the senior on-call staff prior to administering 'on call manager must be phoned to authorise'. Staff understood and followed this guidance.

There were enough suitably qualified staff to meet people's needs. The staffing deployment was based around the needs of people using the service. For example, people who were assessed as requiring one to one support received this. Additional staff were planned in at times where people had chosen to do activities. Staff we spoke with felt there were enough staff present to meet people's needs. Comments included, "There is always enough staff, it is hard when its last minute but the team help out" and "Staffing is ok, it's settled a bit now".

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable people. Records were also seen which confirmed that staff members were entitled to work in the UK.

## Is the service effective?

### Our findings

People's relatives felt the service was effective. Comments included, "Staff are on the ball, very knowledgeable", "[Relative] is understood, really good support there". A professional we spoke with told us the service was effective, "People are well supported, staff work hard to understand people I think".

Staff we spoke with felt supported. Comments included, "It's a very supportive team and managers are there if you need them" and "Support is there if you need it, definitely". Staff had access to regular supervision and appraisal. Supervision is an opportunity for staff to discuss and improve their practices, raise issues and access the support required to fulfil their role in a formal space. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. These processes support staff to reflect on their work to benefit themselves and the people they support. We saw staff were supported to raise issues regarding the people they supported as well as any issues that may be impacting on their role. Staff received feedback regarding the points they raised and issues were followed up at the next supervision meeting, the detail of this process was not always captured, but staff felt clear on the feedback they received. One member of staff told us, "Supervision is good, it helps me focus" and "Supervision is ok, I can talk things through".

People benefitted from a service that understood and implemented the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. DoLS are in place to ensure that people's freedom is not unlawfully restricted. Each person had a decision making profile that identified each specific decision that may require staff to be aware of capacity issues. This profile also detailed when the best time to assess whether this person has capacity to ensure each person was given as much support as possible to make their own decisions. When decision were made for people where they were assessed not to have capacity to make a specific decision, a best interests meeting was held that included the relevant professionals.

Staff we spoke with felt they received adequate training. Comments included, "I have had lots of training, it's fairly regular" and "There is always something on, it's good". Staff undertook mandatory training such as fire safety, first aid, and health and safety. Staff told us they had received periodic renewals of mandatory training. Staff we spoke with were positive about their training. Staff comments included, "We do specific training as well, like Makaton (Makaton uses signs and symbols to help people communicate) and Epilepsy" and "It's not just the usual training, we get face to face trainings regarding specific needs, it's very good". Staff also had access to further qualifications with one person we spoke with working towards their level 3 Diploma in Health and Social Care.

People's preferred methods of communication were understood and clearly documented. Where people had limited verbal communication their own individualised methods of communicating were recorded and staff understood and used them. For example one person used picture cards and visual aids to support their communication. Another person's communication was aided by specific gestures that staff understood. We observed staff adjusted their approach to suit each individual person in the service. For example one person

required a more direct style, whilst another preferred more soft and gentle communication. Staff were skilled in understanding these differences of the people they supported.

People benefited from a varied and balanced diet. People were able to choose what they wanted to eat and drink. One person in the service had been supported to lose weight and other people were supported by a nutritionist to ensure the diets they chose were healthy but reflected their own choices. We also heard the success of this practice had led to future training from external professionals to ensure staff could maintain the progress internally.

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and to visit the dentists. The service also sought support of other professionals such as speech and language therapist (SALT) and district nurses when required.

# Is the service caring?

## Our findings

People and their relatives described the service as caring. Comments included, "The care is wonderful", "I think the quality of care is much better now the staffing isn't changing as much" and "The care is very good indeed". Staff clearly appreciated the relationships they had with the people they supported. One person who was due to be leaving the service was having a meal. Staff made arrangements in their own time to be at the meal. One staff member said, "It's important that when people leave, they realise we care about them still".

We saw a number of caring interactions throughout the day between staff and the people they supported. For example, one person who became upset with no apparent cause was supported to calm down through careful reassurance. Another person who began humming to themselves was acknowledged by a staff member for their 'lovey singing'. We saw throughout the day interaction being led by people and staff responding warmly and respectfully.

People were involved in decisions relating to their own care. We observed people being consulted throughout the day with regard to what they wanted and needed. Staff told us people were involved daily in all decisions relating to how they wanted to spend their day. People were given information about the home and wider service in a format they could understand when entering the service to ensure they could have as much awareness and involvement as they wanted. People were informed about what care was available to them and who was available to support them. For example, how to raise concerns, about the access to advocacy and who their support team was. This was also done visually to ensure people's own method of communication was considered.

People benefited from a service that respected the importance of equality and diversity. People's cultural and religious needs were identified through their initial assessment and this information was clearly recorded in their support plans.

Despite not directly providing the end of life care the service had considered the impact of people dying on the people they supported. Keyworkers were starting a 'Lifebook' with people they supported to ensure any important family history remained even when loved ones passed on. The manager told us, "With the passing of a generation, information goes with them. Everyone deserved to remember what's important to them as best they can".

## Is the service responsive?

### Our findings

People's relatives described the service as responsive and person centred. Comments included, "People are treated as individuals, its lovely", "They understand people very well, it shows through the relationships they all have" and "They [staff] try hard to understand what makes people tick, it's a lovely home". Professionals told us the service was responsive. Comments included, "They have always responded well to people in the time I have known the service".

People's needs were assessed when entering the service. These assessments were used to design person centred support plans with clear guidance for care staff to follow. People's support plans were informed by their personal histories along with their views on what they want for their future. There was also a clear one page profile to ensure each person's wishes were understood and that staff understood what was important to them.

Each person also had a workbook which was updated daily but also contained their current goals, future goals and also documented any accomplishments. We were able to see through these workbooks the person centred approach that supported people to lead more active lives of their choosing. One staff member told us, "The information about people has been excellent I have felt very confident about knowing people I support".

We saw when people's needs changed the service responded. For example one person had been finding their experience living in the home difficult. Through observation and ongoing support the service identified that more space and a different environment may suit the person better. One member of staff said, "It's not about making sure we have enough people here, it's about what the person needs, it's what's best for them". We were told of a smooth and person centred transition between this service and this person's new home. We were also told of another person whose behaviour had escalated. We saw that the service had liaised with other professionals along with ongoing monitoring to try and understand what may be causing the difficulty. It was identified that pain management was the underlying cause. The responsiveness of the service meant this concern was identified and managed quickly to ensure this person well-being was maintained.

We saw that people enjoyed a variety of activities that interested them. We saw that there was a range of activities that interested people from in house activities to trips out to coffee mornings, social clubs and pubs. We observed people enjoyed games with staff in the living room. People also benefitted from a staff team that were trained in intensive interaction. Intensive Interaction is a practical approach to interacting with people with severe or profound and multiple learning disabilities and/or autistic spectrum disorder.

People benefited from a service that saw feedback as important in improving the service. Satisfaction surveys were sent out to people, relatives and staff. The feedback from these surveys were analysed and the information was collated into an action plan for the manager.

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. No

complaints had been raised since our last inspection from people directly related to the service.

## Is the service well-led?

### Our findings

The service was managed by an experienced registered manager who had a strong passion for hands on support. This passion was apparent from speaking to the manager, observing the standards expected within the service and interactions with staff. The management of the home was having an impact on all areas of people lives from their safety to their opportunity to live the life they chose.

The registered manager had a person centred vision for the service that put people first in terms of service delivery. This involved a clear desire to offer people as many opportunities as possible to be independent and experience new things. There was a respect and commitment for involving families and people with significant relationships to people that used the service. We saw that this vision was carried through to the service though management who remained at the house more regularly and senior staff who had been in post a long time.

Staff we spoke with understood and shared the registered manager's approach. Comments included, "People are respected and this is their home, we want to do what's best for people" and "We have always been a person centred service, the manager has reinforced it". Relatives reinforced that this approach was being put into practise. Comments included, "The manager is very good, they all are, the manager and the staff" and "The manager shows good leadership, but there is strong leadership amongst the staff as well, it's very good". Professionals we spoke with also agreed. Comments included, "The service seems very well run".

Staff also felt the service was well led. Comments included, "The manager is always happy to help" and "The day to day management and overall management seem to care about the service, it's a nice place to work". Staff also told us that team meetings were useful and was always a good learning experience. One staff member told us, "Meetings are good, staff get involved, it's much nicer these days". The manager told us how local professionals are regularly invited to attend team meetings to share information to their staff team. Most recently the team were visited by a learning disability nurse. This ensured people benefited from a staff team that were kept informed of best practise to provide a better quality of care.

There was a system in place to monitor the quality and safety of the service. We saw a number of internal checks and audits conducted daily, weekly and monthly. These covered all areas of the home from the safety of the building to the quality of support files and peoples experience at mealtimes. The manager carried out their own monitoring check list which fed into an action plan. The service was also then audited by a designated team within the organisation. We saw these audits covered a wide area and were detailed in their actions.