

Voyage 1 Limited

# Voyage 1 - 17 Walsworth Road

## Inspection report

17 Walsworth Road, Hitchin, Herts SG4 9SP  
Tel: 01462 420019  
[www.voyagecare.com](http://www.voyagecare.com)

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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

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and to pilot a new inspection process being introduced by the CQC which looks at the overall quality of the service. 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, and to provide a rating for the service under the Care Act 2014. There were no outstanding breaches of legal requirements at their last inspection.

17 Walsworth Road is registered to provide accommodation and personal care for up to six adults with learning disabilities. The service had a registered

manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that people who used the service were supported by a staff team who were skilled in their roles and who knew them well. There was an emphasis on establishing effective relationships and this was acknowledged by people who used the service, their relatives, staff and visiting professionals.

# Summary of findings

People were supported to maintain their hobbies and interests both in the home and out in the community. The service provided additional staff to accommodate people's individual needs.

People had clear care plans in place which they were involved in developing and these were reviewed regularly. There were individualised risk assessments to enable people to live active and balanced lives which gave them their freedom and protected their rights.

We observed people who used the service throughout the day as many people had complex needs and were unable to verbally express their views of the service. We saw that people were engaging with the staff and expressing enjoyment in the activities they took part in.

People showed us their bedrooms. These were personalised and people, and their relatives, were involved in keeping their rooms in a way they liked. We saw from records, and relatives and professionals told us, that the service responded well to feedback and had systems in place for gaining that feedback.

# 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.

There were robust recruitment procedures in place for staff. Staff we spoke with were aware of how to recognise and respond appropriately to an allegation of abuse.

People had their individual risks assessed and planned for in a way that kept them safe and did not restrict their freedom.

The manager and staff were aware of the circumstances a person would require a DoLS application and the process that would need to be followed.

Good



### Is the service effective?

The service was effective.

Care plans were appropriate to people's individual needs and staff worked in accordance with these plans.

People were supported to eat and drink enough and maintain healthy lifestyles.

There was regular access to and involvement with health and social care professionals.

Good



### Is the service caring?

The service was caring.

Staff had developed positive relationships with people who used the service.

People were treated with respect and their privacy and dignity was promoted.

People were involved in planning their care.

Good



### Is the service responsive?

The service was responsive.

Staff were able to respond to people's needs in a way that met their individual needs in a timely fashion.

The service responded appropriately to people's feedback, complaints and changes to people's needs.

Good



### Is the service well-led?

The service was well led.

People were supported by a management and senior team who knew them well and were invested in providing a high standard of care.

People, their relatives and staff were kept informed of changes to practice and feedback about the service.

The service had robust quality assurance systems to ensure people received a good quality service.

Good



# Voyage 1 - 17 Walsworth Road

## Detailed findings

### Background to this inspection

The inspection team was an inspector and an expert by experience. The expert-by-experience was a person who had personal experience of using this type of care service. We were accompanied by a member of the Care Quality Commission's policy team who was assessing the inspection process.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, statutory notifications and enquiries. The service submitted a 'provider information return' which was information they completed that tells us how they provide a safe, effective, caring, responsive and well led service.

We spoke with the five people who used the service, one relative and six staff which included the registered manager and operations manager. We looked at records which

included two care plans. We also spoke with two social workers from the local authorities who commissioned the service. We observed the staff provide care and support for people.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People who used the service were unable to tell us if they felt safe due to their complex health conditions but our observations showed that they knew the staff team and responded to them well. The staff used various forms of communication to engage with people and took time to understand what they were being told. These included touch, sign language and gestures. This meant if a person was worried they could make their concerns known to a staff member.

The provider had information on display which raised awareness about safeguarding people from the risk of abuse. This included contact numbers for an independent agency and the local authority. Posters titled 'See Something, Say Something' were clear about what to do if a person who used the service or staff member was worried about theirs or others safety and welfare.

We spoke with three staff members who were all clear on what forms abuse may take and what they would need to do if they suspected abuse. All of the staff had received training in relation to safeguarding people from the risk of abuse. We saw from records that knowledge on the subject was assessed and refreshed at team meetings and supervision sessions. This meant that the provider was taking the necessary steps to ensure that people were protected against the risks of abuse.

The CQC is required to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager and staff we spoke with were aware of the circumstances a person would require a DoLS application and the process that would need to be followed. The manager told us they had plans to apply for all people who used the service due to the keypads on the external doors. They told us, "Due to the new ruling we need to apply as people here only go out if they have someone with them." They went on to tell us how the least restrictive options were in place.

We viewed the care plans for two people who used the service and saw that where people may be at increased risk due to their health or activities they undertook, a risk assessment was completed. This assessment was thorough and reviewed monthly. We saw that staff followed these risk assessments, for example we saw that a person was assessed as needing constant supervision. The episodes for which they needed supervision had reduced, however staff continued to follow the guidance in the risk assessments. This meant they understood the importance and the purpose of these assessments and acted upon them to keep people safe.

We also saw that when a group activity was taking place, a detailed risk assessment was completed for this. For example, a day to the seaside listed the number of staff needed and their skills and experience, any medicines or equipment needed and what the hazards might be. Control measures were then recorded. We saw that there had been two trips to the seaside and a separate risk assessment had been completed for them both to ensure that the appropriate control measures to keep people safe were in place.

The staff employed at the service had been through robust recruitment procedures. We viewed the personnel files for three staff who worked at the service. We saw that the service had carried out the appropriate pre-employment checks and induction. We saw during our observations that people had their needs met promptly, and we were told by the manager and senior staff members, that staffing levels were set by the needs of people to enable them to be supported to continue their hobbies and interests planned for each day. For example, if people were going swimming, then extra staff were added to the shift. This meant that staffing levels were set according to people's needs and activities to ensure their safety.

# Is the service effective?

## Our findings

We observed staff communicate with people in a way that was appropriate to them. Staff were skilled in understanding what they were being told and responded in a way that people required. When supporting people with complex needs, we observed staff use their knowledge of people's needs and assist them in a way that prevented anxiety. We spoke with a relative of a person who used the service. They told us, "Everyone seems to have a good rapport with [relative]. Good relationships with everyone, they're very polite."

We viewed two care plans for people who used the service and saw staff working in accordance with these plans. Care plans were in place for all assessed needs and were detailed. They were written from the person's point of view and included specific ways on how they liked things done. There was a balance of providing assistance and promoting independence which was in accordance with their set goals. One person's care plan stated that staff must be trained in the use of a piece of equipment specifically for that person. We spoke with staff and they confirmed that they had been trained how to support this person with the equipment.

Staff received appropriate training for their role. Each staff member's competency was then assessed and reviewed by their manager during one to one supervision sessions and appraisal where clear feedback was provided. All of our observations, and discussions with staff, demonstrated that staff had the necessary skills for their role. Staff were able to tell us how their training supported them in their role. For example, being able to communicate with people using different techniques. One staff member who was new to their role was already able to use sign language. The manager had identified some areas where they wanted to develop key staff members knowledge and had applied for courses for lead roles. For example, dignity and nutrition champions. These were due to commence in September 2014.

People who used the service were involved in menu planning for the week. This was done at a weekly house meeting. Staff told us that they had got to know people's like and dislikes over a period of time. These were recorded in care plans and in the kitchen. We saw that one person needed assistance to have their meals and staff supported them sensitively. The activity planner for the week showed that everyone had the opportunity to get involved in preparing the meals if they wished. We observed this in practice. We saw from records that people had their weight monitored as part of their agreed plan of care and there was no-one who was currently at risk of malnutrition. People had access to healthcare professionals to support them to have a healthy lifestyle through diet and exercise. We saw people enjoying a daily walk as part of these plans.

We noted that people were being offered drinks frequently through the day. Drinks were given in various different cup styles. Staff told us that cups were specific to people's needs. We saw one person who was spilling their drink. We spoke to staff about this. They told us that this person liked to be independent with drinking, which included being involved with making their cup of tea, and so staff don't fill their cup up to the top to minimise spillage. One staff member we spoke with told us, "Everyone drinks really well but we encourage it too, especially in this heat wave." This meant that staff were aware of people's individual needs and the potential risks of dehydration.

There was a record in people's care plans of regular contact with healthcare professionals. People had access to a range of professionals which included GP, dieticians, occupational therapists and chiropodists. We saw that there was a care plan for supporting people to access health care services. One staff member told us that one person who attended the local surgery for appointments took a flask of tea and biscuits with them to reduce anxiety while in the waiting room. The plan included what to do if people refused treatment, this referred staff back to the mental capacity assessment and best interest meeting process.

# Is the service caring?

## Our findings

We observed people being supported with kindness and compassion. Staff listened to what they were being told and responded appropriately. The staff member understood when people indicated they wanted to do something else and offered an alternative which they enjoyed. Staff had worked well in establishing positive relationships with people. This was especially evident for a newer staff member who already had learnt how to communicate well with people. People who used the service displayed affection for staff and staff responded to this appropriately. We observed a staff member asking a person about whether they made a phone call to a relative to wish them a happy birthday. This demonstrated that staff knew people well and cared about what mattered to them.

People who used the service were involved in all choices about their care and support. For example, we saw that people chose how they wanted to spend their day. Where they were not able to make their own decisions, mental capacity assessments were carried out and best interest meetings held with the person, their family members, advocate and the manager. This was all documented in the care plans that we viewed. We saw where there was a significant decision to be made, such as a healthcare decision, best interests meetings, involving the person, had been held where necessary. Family members and advocates were regularly consulted and the service ensured that there was a formal annual review carried out every year.

People's showed us their bedrooms as we walked round with them and we saw they were decorated in the style of their choice and were personalised. Staff told us that they

respected that these were people's belongings and encouraged them to keep their room in the way they liked. For example, a room cleaning day was included an activity plans.

People were not able to tell us about how their privacy and dignity was promoted due to their complex needs. However, we heard staff speaking with people respectfully and knocking on doors before entering rooms. Staff we spoke with were clear on how to promote people's privacy and dignity. The manager was in the process of arranging for staff to attend a dignity champion training course to further raise awareness of the subject. We saw that promoting dignity was on the agenda for staff meetings. This meant that the manager and the staff respected and promoted people's privacy and dignity.

People who used the service were dressed appropriately for the warm weather and supported to maintain a personal appearance of their preference. This included their chosen hairstyle and painted nails. We noted that one person's care plan clearly stated that they did not like to have their nails painted to ensure this didn't happen. One staff member spoke of the importance of a person having their hair brushed before going out, as they said this person liked to look presentable. This was documented in their care plan.

We spoke with social workers from two of the local authorities who commissioned the service. They told us they had carried out recent reviews with the people they were responsible for. One social worker told us, "Families were present and expressed how happy they were with the provider and their service to their family members. The manager has worked very hard to establish a good working relationship with all involved, staff families and mostly the clients."



# Is the service responsive?

## Our findings

We saw staff members responded promptly and appropriately to people's needs. Staff were able to identify what people needed and assist them in the way which was stated in their care plans.

People expressed what they wanted, for example, to take part in a particular activity, and staff listened and supported them with this. Staff we spoke with were clear on what type of assistance people needed physically and emotionally and were able to describe people's needs to us. They knew what caused people anxiety and what made them happy. This meant that staff were able to support people in a way that was responsive to their needs.

We saw in people's care plans that their needs, preferences and goals for the future were regularly reviewed and any changes requested by them or their relatives were discussed at team handover meetings. Staff were also asked during supervisions and team meetings about the people they supported to ensure that the correct type of support was given.

People who used the service had access to several hobbies and interests outside of the service and these were in place to suit individual needs, such as swimming at a hydrotherapy pool, and events of choice, for example a weekly evening disco. In response to the request of people wanting to attend the disco, the staffing rota was changed to a later finish time on a Friday so people who used the service could stay until the end with a staff member there for support.

The staff were familiar with people's families and they knew who liked to call their relatives and when families generally

visited. We saw relative's telephone numbers attached to photographs so that one person could use the telephone independently. We spoke with a relative of a person who used the service. They told us, "If [relative] needs anything, they get in touch. They give me the info I want, we ring every night."

The provider demonstrated in various ways how they provided individualised care. This included specific equipment provided for bathing, adapted lighting and blinds in a bedroom to meet a person's needs and assisting a person to sit in the kitchen to watch meals being cooked which was a recorded preference of theirs. We observed staff support a person with this. These plans had been put into place in response to people's health, medical and social needs.

We saw, and we were told by a relative we spoke with, that when the service received feedback or complaints they responded promptly and appropriately. There was a record of action taken and this feedback was shared with the staff team. One relative told us, "Anything I raise is always resolved." They went on to tell us how their feedback was taken into account when their relatives bedroom was decorated.

We also spoke with social workers from two of the local authorities that commissioned the service. Both were positive about the service and the care that they provided. We spoke with a social worker who had recently carried out a review for a person who used the service. One social worker told us, "I'm impressed with the service. They respond positively to suggestions, at the last review they took notes and started putting a plan in place to further promote [person's] independence."



# Is the service well-led?

## Our findings

The service was managed by the registered manager who was supported by senior support workers. The operations manager also provided support to the manager and visited the service regularly. During our observations we saw that the manager took an active role in the running of the day and had a 'hands on' approach to supporting people who used the service and the staff. We also saw that the operations manager knew people well which indicated they too were actively involved in the service. This means that the management team were accessible and made themselves approachable.

The senior staff member was knowledgeable about people they were supporting and was well organised. They, and the support staff team, were aware of the support each person needed and of upcoming events throughout the day. The manager told us that there was a senior staff member on every shift and the rota we saw confirmed this. This meant that people were receiving a consistent well led service by staff who were knowledgeable and able to provide the level of support they needed.

People were encouraged to be involved with the running of the service. There were monthly 'resident' meetings and weekly meal planning meetings where their views were actively sought. We saw that one suggestion from feedback the manager had received was to get a large TV in the lounge. We noted that this had been purchased and was now in use.

We spoke with three staff members who told us that the manager and the operations manager were open and

supportive. They told us that they would be happy to go to them if they had any concerns. One staff member told us, "In meetings and my supervision they ask for my feedback, how things are going."

We saw that the service had systems in place to regularly assess and monitor the quality of the service. This included annual surveys for people, their relatives, visitors and health professionals and a home audit which the manager completed. We saw that the operations manager also carried out an audit on their visits and this included checking the manager's audit was accurate and any actions had been completed. There was also a weekly reporting system which the manager information relating to all aspects of the service and this was then reviewed by the operations manager and sent to the provider for analysis. This meant that there were robust systems in place to ensure the service was delivering care and support to the appropriate standard.

There were monthly staff meetings held. The meeting notes showed that the staff were given feedback from any events and incidents and also feedback from recent managers meetings. There was an open forum which gave the opportunity for staff to provide feedback on things that worked well and things that needed improvement.

We spoke with social workers from two of the local authorities that commissioned the service. They told us they had carried out reviews of the people they were responsible for and were positive about the management style in the home. One social worker told us, "The service has improved over the years due to management changes and work in a more person centred approach."