

# Voyage 1 Limited

# The Legard

## Inspection report

Wivern Road  
Hull  
Humberside  
HU9 4HS

Tel: 01482781039  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
22 December 2015

Date of publication:  
12 January 2016

## 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

The Legard is registered with the Care Quality Commission [CQC] to provide care and accommodation for eight adults who have a learning disability and may also have physical disabilities. There are eight single bedrooms, four assisted bathrooms and communal areas. The service has a large enclosed rear garden area and there is a car park to the front of the property.

The home is located to the east of Hull city centre and is near to local amenities and public transport.

This inspection took place on 22 December 2015 and was unannounced. The service was last inspected in September 2013 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection seven people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood they had a responsibility to protect people who used the service from harm and knew how to report any abuse they may witness or become aware of. They had received training in this subject and this was updated regularly. Staff were provided in enough numbers to ensure the needs of the people who used the service were met and they had been recruited safely. This ensured, as far as practicable, people who used the service were well cared for, their needs were met and they were not exposed to staff who had been barred from working with vulnerable people. The service was clean and there were no malodours. People's medicines were administered as prescribed by their GP and staff had received training in this subject.

People were provided with a wholesome and varied diet which was of their choosing. Staff monitored people's dietary needs and involved health care professionals when required. Staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. Staff received support from the registered manager to gain further qualifications and experience. People were supported to make informed decisions and legislation was used to protect people's rights and choices where needed. People who used the service were supported to lead a healthy lifestyle and to access health care professionals when required, for example GPs and district nurses.

People had good relationships with staff who were kind and caring. Staff understood people's needs and how these should be met. People who used the service or their representatives were involved with the formulation of care plans. These described people's preferences for the care they required and how this should be delivered by the staff.

People who used the service could choose from a range of daily activities to participate in. Trips out into the community were also available. Staff had access to documentation which described the person and their preferences. People who used the service and their relatives knew they could raise concerns or complaints if they wished. These were investigated and the outcome shared with the complainant.

People lived in a well led and inclusive service and the registered manager sought their views about how it was run. The registered manager undertook audits which ensured people lived in safe environment and their health and welfare was monitored and upheld. Staff were supported and encouraged to achieve excellence and systems were in place which identified short falls in the service and how these should be improved.

## 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.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

Staff, who had been recruited safely, were provided in enough numbers to meet people's needs.

Systems were in place which made sure people lived in a well maintained, clean and safe environment.

Staff handled people's medicines safely and had received training.

### Is the service effective?

Good ●

The service was effective.

People who used the service received a wholesome and nutritional diet which was of their choosing.

Staff received training which equipped them to meet the needs of the people who used the service.

People's rights were upheld and systems were in place to ensure people were supported with decision making when needed.

Staff supported people to lead a healthy lifestyle and they involved health care professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and caring.

Staff understood people's needs and how these should be met.

People or their representatives were involved in the formulation of care plans.

### Is the service responsive?

Good ●

The service was responsive.

Activities were provided for people to choose from.

People received care which was tailored to meet their needs and was person centred.

A complaints procedure was in place which informed people and their relatives who they could complain to if they felt the need.

### Is the service well-led?

Good ●

The service was well led.

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

# The Legard

## **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 registered 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 22 December 2015 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

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 observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with three care staff and the registered manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits,

maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

# Is the service safe?

## Our findings

We saw that staff were aware of people's safety and made sure their environment was free from any items which posed a risk to the person or their welfare. Equipment was regularly maintained and tested to ensure it was safe for staff to use and there were comprehensive policies and procedures in place for staff to follow with regard to health and safety. Visitors had to ring the doorbell to enter the building and we saw staff checking identification and credentials before allowing people into the building. Staff told us they ensured all doors were locked at night and undertook security rounds.

They told us because people could not tell them if they were in danger or felt threatened they used observations and routine checks to ensure people's safety. Staff told us they had received training in how to recognise signs of abuse and how to report this to the proper authorities. They felt confident if they approached the registered manager with any concerns these would be dealt with effectively. Staff understood they had a duty to report any abuse they may witness or concerns they may have about the welfare of the people who used the service to ensure their safety. They were also aware they would be protected by the registered provider's whistleblowing policy and all information would be treated as confidential and their identity would be protected.

We saw records which showed the registered manager had responded to staff concerns and taken the appropriate action. The registered provider had policies in place which reminded the staff about their responsibility to respect people's ethnic and cultural backgrounds. Staff we spoke with were aware of these, they told us they did not judge people and supported people to pursue a lifestyle of their own choosing. They told us they protected people from discrimination whilst both in the service and out in the community. Staff had received training about human rights and how these should be upheld and protected, whenever possible.

The registered manager had plans in place which ensured people would be safe if there were any emergencies, for example floods or if essential services failed like gas and electric. The registered manager had undertaken audits of the environment which identified areas for improvement and repair; they had also completed an environmental risk assessment and a fire risk assessment. This ensured people lived in a building which was safe and well maintained. Each person also had a personalised plan of evacuation which told the staff and the emergency services how best to evacuate them from the premises in the event of a fire or other emergency.

The registered manager kept a record of all incidents and accidents which occurred at the service. They had analysed any safeguarding incidents and implemented changes to ensure people were not put at further risk, for example, changes in staff working practices or support plans. The registered manager had involved the investigating authority and complied with actions recommended by them. They had also informed the CQC by way of notifications of all safeguarding incidents and the outcome of any investigations.

We looked at staff recruitment files and saw references were sought from previous employers where possible and checks were undertaken with the Disclosure and Barring Service [DBS]. The files also contained



an application form asking for the experience and qualifications of the applicant and a health check. This made sure people were cared for by staff who had been recruited safely and had the right qualifications and experience to meet their needs. The registered manager ensured the correct amount of staff were on duty at all times to meet the needs of the people who used the service. They tried to maintain consistency and ensured people were allocated to be supported by staff who they got on with and liked. During the inspection we saw there were plenty of staff around the building and they were undertaking lots of activities with people who used the service. Staff told us they had plenty of time to ensure people's emotional needs were met as well as their physical. We saw lots of interaction with the staff and staff taking people out to do last minute Christmas shopping.

We saw people's medicines were stored safely and staff understood the importance of accurate recording and the safe handling of medicines. Records we looked at were up to date and demonstrated people had received their medicines as prescribed by their GP. The temperature of fridges used to store some medicines had been recorded on a daily basis as was the room. Staff liaised with people's GPs and medicine reviews had been held. Records we looked at showed staff had received training in how to handle medicines safely and this was updated annually.

## Is the service effective?

### Our findings

We saw staff supported people who used the service to access health care professionals when required. Staff told us they used observation to establish people's wellbeing and were sensitive to changes in people's behaviour or body language which might indicate they were in pain or discomfort. Staff told us they had used a mixture of observation and information provided by relatives to ascertain people's likes and dislikes with regard to food and made sure people received their choices and preferences. Staff used observation again to establish people's satisfaction with the service received and were aware of the way people communicated both verbally and non-verbally. Comments seen on QA surveys indicated that relatives and health care professionals were satisfied with the service people received. These included, "Staff are very professional", "I think the food is excellent" and "We are very happy with the care [relative's name] receives."

The registered manager had systems in place which recorded what training the staff had undertaken and when this needed updating. The registered provider had identified some training as essential for staff to undertake annually; this included amongst other topics, health and safety, moving and handling, safeguarding adults and fire safety. Staff had also been supported to undertake further qualifications and specialist training about the people they cared for. Records we looked at showed staff had achieved nationally recognised qualifications and had undertaken training in communicating effectively, equality and inclusion, duty of care, person centred support, the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff also received regular supervision and annual appraisals which set targets and goals for their development and training. Staff told us they were offered lots of training and felt it equipped them to meet the needs of the people who used the service. Comments included; "The training here is brilliant, you can suggest further training as well" and "The training I have received here has helped me further my career and I feel I have developed as a person."

Newly recruited staff received an induction based on current good practice guidelines and research. This was competency based and an evaluation of the staff's skills was made at regular intervals during their probationary period. They were assessed as being competent by senior staff, however if they needed further development in any areas support was offered.

Most of the people who used the service had limited communication so staff had developed various methods to ascertain people's views and opinions, these ranged from a mixture of verbal and non-verbal methods. People's care plans described how people communicated and how staff should give them time to respond. We saw staff were sensitive when communicating with people who used the service and whichever method was used was effective.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager had made application to the local authority for DoLS approvals for all of the people who used the service. This was based on current high court rulings made in connection with people living in long term care settings.

People's likes and dislikes had been recorded in their care plans and staff also made sure they had a healthy diet. The registered manager told us they consulted with the people who used the service on a weekly basis about the menu and made sure they received what they had asked for. We saw staff helping people sensitively and aids and adaptations were provided to assist people with eating. All food and fluid intake was recorded and referrals made to health care professionals when needed. People's care plans described how people's food should be prepared so their wellbeing was maintained and risks eliminated.

Care plans we saw evidenced referrals had been made to health care professionals when needed, for example, dieticians and occupational therapists. There was also evidence the person attended hospital or out patient appointments when needed and were supported by staff. The outcome of these visits had been recorded; also any changes to medicines or how the staff were to support the person was documented. We spoke with a health care professional as part of the inspection process. They told us they felt the care provided at the service was good and the staff ensured people were referred in a timely manner. They also told us staff worked closely with them, kept them informed of any changes and carried out their instructions.

# Is the service caring?

## Our findings

We saw staff were kind and caring when supporting people. They used lots of encouraging words to motivate people to stay independent and undertake daily living tasks. We saw and heard lots of laughter and chatter around the service in people's rooms and in the communal areas. There was an easy relaxed feel to the interaction between people who used the service and the staff. Comments on QA surveys indicated relatives thought the staff were kind and caring. These included, "The staff go that extra mile" and "I would recommend this home to anyone."

The registered provider had policies in place which reminded the staff about the importance of respecting people's backgrounds and culture and not to judge people. Staff had a strong commitment to protecting the person whilst out in the community so they were not subject to any discrimination; they told us they tried to be vigilant to any situation which might put the person at risk and where possible avoided these.

People's care plans showed they had been involved with its formulation. And where possible they had signed to confirm they understood its contents. We heard staff explaining to people what they were doing and what was happening making sure they had understood. For example the majority of people were wheelchair users so staff had to use hoists to assist them with their mobility. All aspects of this were explained to the person so they did not become distressed or upset by anything the staff were doing.

Staff made daily entries in people's care plans about their wellbeing and how the person had spent their day, for example, what activities the person had undertaken and what care had been provided. The daily notes also detailed any contact with health care professionals and what the outcome was.

The service had information about advocacy groups which people or relatives could contact. The registered manager told us the services were available and they had been used in the past. They felt they had good links with the advocacy service and could contact them if required.

Staff understood the importance of respecting people's privacy and maintaining their independence and dignity. They told us they always asked people before they undertook any caring tasks to ensure they had gained their consent and established their understanding of what was happening, we also observed this during the inspection. Staff told us they would ensure people's dignity by covering them over while undertaking personal care and ensure doors and curtains were closed at all times. They told us they encouraged people to be as independent as possible and supported them to keep their rooms tidy, undertake domestic tasks like washing pots and cooking. Staff also supported people to be as independent as possible with any personal care like washing and dressing.

Staff understood the importance of maintaining confidentiality and the registered provider had policies and procedures for staff to follow. During discussions staff told us they would never discuss people's personal details with anyone other than the person or any health care professionals involved with their care and wellbeing.

## Is the service responsive?

### Our findings

We saw and heard staff discussing choices with people who used the service and making sure they were happy with the choices made. For example, asking people their opinions on caring tasks, food and other daily choices. We also heard staff talking to people about their day and if they wanted to undertake any specific activities.

Care plans we saw evidenced people's input in their reviews and documented their goals and aspirations. Details were given about how staff should support people to achieve these and what input was required from other support agencies; for example, occupational therapist and clinical psychologist. Assessments had been undertaken which identified people's skills and strengths and how these should be encouraged and supported. Assessments also identified which areas of their daily lives people needed more support with and how staff should provide this; for example personal care and behaviours which challenged the service and others. There was also evidence of risk assessments being undertaken and guidance for staff to follow about how to keep people safe from harm or how to deal with any situation which arose which put the person or others at risk. All assessments had been updated on a regular basis and there was evidence of health care professional consultation where required.

Staff understood people's needs and were responsive to subtle changes in their body language and actions which may show they were upset or found situations distressing. They responded well to this and gently removed people from the situation talking to them calmly and softly.

Staff told us one person spent time in their room and they retreated there if they were upset or distressed. They told us they were aware of this and made every effort to include the person in communal activities and outings. This was detailed in the person's care file and instructions for staff to follow if this happened. Staff told us they respected people's choices and made sure they accommodated these. They also told us they respected people's individuality and supported people with their own choices of activities and pastimes. For example, not all of the activities were undertaken by everyone and people wishes were respected not to join in.

People's rooms reflected their own individual tastes and interests, for example, musical tastes and favourite films. Each bedroom was individual and people had chosen their own paint and colour scheme. The environment had been designed and built with the needs of the people who used the service in mind, for example, each bedroom had tracks on the ceiling for hoists so staff were not using free standing lifting aids. These tracks went from the bedroom into the adjoining bathroom so the person could be safely manoeuvred. All the corridors and doorways were wide and easily accessible as were kitchens and toilets.

The registered provider had a complaints procedure in place and this was displayed around the service. A user friendly version was available for the people who used the service and was written in a way which met their needs. Staff told us they were aware of how to handle complaints they may receive. They told us they would try and resolve the problem immediately if they could but for more complex complaints they would refer the complainant to the registered manager, who kept a log of all complaints received. This showed

what the complaint was, how it had been investigated and whether the complainant was satisfied with the way the complaint had been investigated. Information had been provided to people about how they could consult outside agencies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the Local Government Ombudsman.

## Is the service well-led?

### Our findings

We saw staff actively seeking the views of the people who used the service about aspects of their daily lives and if they were satisfied and happy. We saw staff asking people about their choice of activity, food, drinks, wellbeing and if they required any further support. Comments seen in QA surveys indicated relatives and health care professionals were consulted and held the service in high regard. These included, "This is a well-run service", "The staff go that extra mile" and "I am happy with the care and attention [relatives name] gets here, it's lovely."

Staff told us the registered manager was accessible and they could approach them for advice and guidance. They felt the registered manager was a good leader and had credibility by leading by example. The registered manager told us they tried to develop an open door policy, this was with the people who used the service as well as the staff. We saw this during the inspection as the registered manager was out in the service supporting staff and talking to the people who used the service. They displayed knowledge of the person and had good open relationships with them.

Regular staff meetings were held and all aspects of the service were discussed. Staff told us they found these useful and a good way of communicating. Daily handovers were held where the needs of the people who used the service were discussed and if there had been any contact with health care professionals and what the outcome of this was.

The registered manager told us the underlying philosophies and fundamental values of the service was to ensure the people who used the service lived as fulfilling life as possible and they experienced all aspects of life they could. This included activity holidays, college courses, support with relationships and involvement in the service. The registered manager made sure the staff maintained people's abilities and saw the person first.

The registered manager had registered with the CQC and understood their roles and responsibly with regard to their registration. They also understood the restriction on placements and services provided which the registration placed on them.

The registered manager undertook audits to ensure the service was running smoothly and effectively. These included health and safety, staff training, medicines, people's health and welfare, and the environment. Time limited action plans were put in place to address any shortfalls identified. This helped to ensure the service was continually developing and people were receiving a quality service which they were involved with.

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals. They met with the people who used the service and asked them what they thought of the service provided; people's relatives were also included in the meetings. We saw minutes were taken of these meetings to help inform people who could not attend. The registered manager also used pictorial surveys to gain the views of people who used the service. People were

supported to complete these either by the staff or their relatives. The registered manager also used surveys to gain the views of relatives and health care professionals.

The outcome of all of the surveys were analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed. The registered manager told us they undertook the audits and the surveys to improve the service and welcomed any feedback as an opportunity to develop the service. The registered provider also undertook regular visits to the service to ensure the smooth running.

One person had represented the service at meetings with the registered provider and had chaired service user meetings with the support of staff. The registered manager told us they intended to give others the opportunity to undertake these roles to help with their confidence and feeling of self-worth.

All equipment used at the service was serviced at intervals recommended by the manufacturer and the fire alarm system was tested regularly.