

Voyage 1 Limited

35/37 Solna Road

Inspection report

35-37 Solna Road
Winchmore Hill
London N21 2JE
Tel: 0208 3608900
Website: www.voyagecare.com

Date of inspection visit: 29 & 30 June 2015
Date of publication: 10/08/2015

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 undertook this unannounced inspection on 29 & 30 June 2015. 35-37 Solna Road is a care home which is registered to provide personal care and accommodation for a maximum of eleven people with learning and physical disabilities. At this inspection there were nine people living in the home.

At our last inspection on 18 September 2014 the service did not meet Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse. At this inspection we found that this regulation had been met.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives informed us that they were satisfied with the care and services provided. People stated that they were treated with respect and felt safe in

Summary of findings

the home. Some people had complex needs and did not provide us with feedback. However, we observed that they were appropriately dressed and appeared well cared for.

People's needs were carefully assessed. Staff prepared appropriate and detailed care plans with the involvement of people and their representatives. Their healthcare needs were closely monitored and attended to. Staff were caring and knowledgeable regarding the individual care needs of people. The home had arrangements for encouraging people to express their views regarding areas such as activities and meals provided. People's preferences were recorded and arrangements were in place to ensure that these were responded to. People could participate in activities they liked and go on outings.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. People had received their medication. There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home.

There were enough staff to meet people's needs. Staff had been carefully recruited and provided with training to enable them to care effectively for people. Staff had the necessary support and supervision to enable them to care for people. They had received training and knew how to recognise and report any concerns or allegations of abuse.

The home had comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by the registered manager and the operations manager. These reflected the CQC standards expected of care services.

We found the premises were clean and tidy. The home had an infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out. Risk assessments had been carried out and these contained guidance to staff on protecting people.

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. The home had a safeguarding procedure and staff had received training and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. The staffing arrangements were satisfactory and the home had sufficient numbers of staff to meet people's needs.

The home was clean and infection control arrangements were in place.

Good



Is the service effective?

The service was effective. People who used the service were supported by staff who had worked in the home for several years and understood their care needs. People's healthcare needs had been closely monitored and attended to. Their nutritional needs and preferences were met.

Staff were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People were treated with respect and dignity. People's privacy were protected.

Staff supported them in a caring and friendly manner and they were able to communicate effectively with people. We noted examples of good practice where staff made effort to support people and develop positive relationships.

People and their representatives, were involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Staff provided personalised care and support. Care documentation were detailed and took account of people's preferences and choices.

The home had an innovative activities programme. Effort was made to ensure that staff communicated effectively with people. The home had meetings and people could express their views and the minutes were recorded by a person who used the service. The registered manager took into account the suggestions made by people and acted on these.

People and their relatives knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led. The quality of the service was carefully monitored by the registered manager and the operations manager.

The results of a recent satisfaction survey of people who used the service and feedback from relatives indicated that staff provided a high quality of care.

Staff were aware of the values and aims of the service. Social and healthcare professionals told us that the service worked well with them.

Good



35/37 Solna Road

Detailed findings

Background to this inspection

We undertook this unannounced inspection on 29 & 30 June 2015. 35-37 Solna Road is a care home which is registered to provide personal care and accommodation for a maximum of eleven people with learning and physical disabilities. At this inspection there were nine people living in the home.

At our last inspection on 18 September 2014 the service did not meet Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse. At this inspection we found that this regulation had been met.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives informed us that they were satisfied with the care and services provided. People stated that they were treated with respect and felt safe in the home. Some people had complex needs and did not provide us with feedback. However, we observed that they were appropriately dressed and appeared well cared for.

People's needs were carefully assessed. Staff prepared appropriate and detailed care plans with the involvement of people and their representatives. Their healthcare needs were closely monitored and attended to. Staff were caring

and knowledgeable regarding the individual care needs of people. The home had arrangements for encouraging people to express their views regarding areas such as activities and meals provided. People's preferences were recorded and arrangements were in place to ensure that these were responded to. People could participate in activities they liked and go on outings.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. People had received their medication as prescribed. There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home.

There were enough staff to meet people's needs. Staff had been carefully recruited and provided with training to enable them to care effectively for people. Staff had the necessary support and supervision to enable them to care for people. They had received training and knew how to recognise and report any concerns or allegations of abuse.

The home had comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by the registered manager and the operations manager. These reflected the CQC standards expected of care services.

We found the premises were clean and tidy. The home had an infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out. Risk assessments had been carried out and these contained guidance to staff on protecting people.

Is the service safe?

Our findings

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. One person said, "Yes" when we asked if they felt safe in the home." Another person said, "Quite safe." Two relatives we spoke with stated that people were safe in the home and there was enough staff to supervise and attend to people's needs.

We saw that staff were constantly supervising and observing people to ensure that they were safe. Two professionals stated that they had no concerns about people's safety and were satisfied with the care provided to people.

Staff had received training in safeguarding people. Staff gave us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they would report their concerns to their manager. They were also aware that they could report safeguarding concerns to the local authority safeguarding department and the Care Quality Commission.

Staff were aware of the provider's safeguarding policy. Staff knew the provider's whistleblowing policy and they said if needed they would report any concerns they may have to external agencies.

People's care needs had been carefully assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with hearing impairment, road traffic, use of hot water and aggressive behaviour.

We looked at the staff rota and discussed staffing levels with the registered manager. We noted that in addition to the registered manager, there were usually three care staff on duty during the day. During the night shifts there were usually two night staff on waking duty. The registered manager stated that when needed, additional staff were provided to ensure that people's needs were met. People and relatives indicated that people's care needs were met and the home had sufficient staff. Social and healthcare professionals informed us that people were well cared for.

The home had an appropriate recruitment policy and procedure which had been followed. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, and a minimum of two references to ensure that staff were suitable to care for people.

There were arrangements for the recording, storage, administration and disposal of medicines. The temperature of the room where medicines were stored was monitored and was within the recommended range. We looked at the records of disposal and saw that there was a record that showed medicines were returned to the pharmacist for disposal.

People told us that they had received their medication from staff as prescribed. The home had a system for auditing medicines. This was carried out internally by the registered manager. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Training records indicated that staff had received training on the administration of medicines. We noted that there were no gaps in the medicines administration charts examined.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boilers and electrical installations. The fire alarm was tested weekly to ensure it was in working condition. There was a contract for maintenance of fire safety equipment. At least four fire drills had been carried out since the beginning of the year for staff and people. Fire training had been provided for staff and they were aware of action to taken in the event of a fire. The home had an updated fire risk assessment.

The home had an infection control policy which included guidance on the management of infectious diseases. Aprons and gloves were available for staff to use. We visited the laundry room and discussed the laundering of soiled linen with the registered manager. She was aware of the arrangements that needed to be in place to deal with soiled and infected linen to reduce the risk of the spread of the infection. All areas visited by us were clean.

Is the service effective?

Our findings

People who used the service indicated to us that they were satisfied with the care provided. One person said, "I am very happy here. They give me food I like." Another person stated, "I am quite happy here. The staff come to me when I need help." A relative said, "My relative sees the doctor when they are not well. My relative used to not eat but the staff have brought them back and my relative's weight is OK now." Social care professional said that staff understood people's needs and were able to provide the care and support people needed.

We observed that people were appropriately dressed and they could move about freely in the home and go out to the garden if they wanted to. Staff were friendly and regularly talked with people. Staff demonstrated a good understanding of care issues and how the needs of people could be met. For example, we noted that two people who enjoyed sports had been encouraged to be involved in sports and a person who liked shopping could go shopping regularly. Warning signs and triggers which could upset people such as nail biting and restlessness were mentioned in the care records so that staff were informed and able to support people appropriately. When we discussed issues related to the care of people with physical and learning disabilities staff knew how to care effectively for people and this included engaging them in therapeutic activities, encouraging independence and supporting people to express their views in a safe environment. We saw that people approached staff freely to talk about their day.

Staff told us they worked well as a team and their managers were supportive. All staff had worked in the home for several years and were familiar with the needs of people. The home had a comprehensive training programme to ensure that staff had the skills and knowledge to meet people's needs. A training matrix was available and contained the names of all staff currently working at the home together with relevant training they had completed. Regular staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding management issues and the care needs of people. The registered manager carried out regular

supervision and annual appraisals. This ensured that staff received appropriate support. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records.

People had their healthcare needs closely monitored. There was evidence of recent appointments with healthcare professionals such as people's dentist, chiropodist and GP. The weight of people had been recorded monthly and staff knew of action to take if there were significant variations in people's weight.

Staff knew how to care for people with challenging behavioural and gain their co-operation. They said this included providing people with reassurance, explanations and time to calm down. This meant that potential problems and risks could be minimised or defused. We observed that one person interrupted our conversation on several occasions during a short period of time. The registered manager responded in a pleasant and respectful way towards this person and provided them with reassurance.

People who used the service indicated to us that they were happy in the home and well supported. This was confirmed by relatives and social and healthcare professionals. One professional stated "Most of our services users who reside at Solna Road have made steady progress over the years, a couple of service users do have complex care needs but they remain stable generally."

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. These policies were needed so that people were protected and staff were fully informed regarding their responsibilities.

The registered manager and staff had a good understanding of the legal requirements related to the MCA and DoLS. Staff said they had received the relevant MCA and DoLS training. We noted that most people were subject to DoLS authorisations.

The arrangements for meals were satisfactory and people were involved in choosing the meals. People told us that they were happy with the arrangements for meals. One person stated that they were given food they liked to eat. Another person said, there was sufficient food and they liked to food provided. We saw that there were fresh fruits

Is the service effective?

and vegetables. We saw that a person who had swallowing difficulties had their meal cut in portions which they could easily eat. A relative stated that the food was freshly cooked.

The bedrooms of people were furnished with good quality furniture. There were attractive pictures and flowers in the

communal areas and in the front and back garden of the home. We noted that some areas of the home needed minor redecoration and plastering. The registered manager stated that quotes had been obtained and they would be redecorating some areas of the home. We saw the quotes mentioned.

Is the service caring?

Our findings

People who used the service indicated that staff were caring and supportive towards them. They stated that staff were helpful and took good care of them. Relatives stated, "I can't fault the home. They (staff) are wonderful. They are caring and considerate." Another relative stated, "They (staff) know my relative well and can communicate well. It takes time to build up a relationship."

We observed that staff showed interest in people and were constantly checking that people were alright. Staff showed respect for them and talked in a gentle and pleasant manner to people. We saw a staff member approach a person who was sitting on his own and interacted with them in a pleasant manner.

On both days of our inspection people who used the service were dressed appropriately and appeared well cared for by staff who smiled and regularly talked with people. We observed that one person became irritable and noisy when they returned from a walk. Staff were able to manage this person's behaviour and calm this person.

Staff were aware that all people who used the service should be treated with respect and dignity. The home had a policy on ensuring equality and valuing diversity and staff had received training in

Equality and Valuing Diversity. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. Information regarding people's past history and social life were documented in their records. Communication profiles had been completed and these contained information to assist staff communicate with people.

Staff carried out assessments of people's care needs with their help. These assessments contained details of people's background, care preferences, choices and daily routines. Care plans were up to date and had been regularly reviewed with people and professionals involved.

Staff we spoke with informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Staff held weekly meetings where people could make suggestions regarding the menu, holidays and activities they wanted organised for them. This was confirmed by people we spoke with. People told us that they could express their views and staff responded to their suggestions and choices. We noted an example of good practice. A person who used the service was encouraged to chair the meeting and record the minutes.

We noted that staff made effort to engage people in conversation and meaningful activities. We saw people enjoying a cookery session. We noted that a person had said they wanted to be involved in cooking. We noted that staff encouraged a person who was reclusive to talk and express themselves.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home. Furniture in the bedrooms were of a high quality and attractive. Adaptations had been fitted for people who had mobility problems these included grab rails in toilets and bathrooms, ramps and railing along the corridor.

Is the service responsive?

Our findings

People and their relatives informed us that they received care which met their individual needs and staff listened to people and their relatives and responded well to their concerns. One person stated “The staff come to me when I need help. I can talk to staff.” Another person said, “I like to play football. I play it here.” A relative said, “I know who to complain to. I go to the manager. So far, I have no complaints.”

The home had a complaints procedure and a complaints book. No complaints had been recorded since the last inspection. The registered manager explained that none had been received. Staff we spoke with knew what to do if they received a complaint. They said they would inform the registered manager and record it.

The home had arrangements for encouraging people to express their views regarding areas such as activities and meals provided. The registered manager stated that she and her staff talked regularly with people to discuss their progress and any problems they may have. This was confirmed by people we spoke with. People informed us that staff and the registered manager were caring and approachable. We saw that they approach her frequently to talk to her. The registered manager told us that he communicated regularly with people and their relatives. This was confirmed by relatives we spoke with. Relatives stated that they had been consulted regarding the care of people.

All staff we spoke with had worked in the home for several years and were aware of the individual needs, likes and dislikes of people. Comprehensive assessments of people’s care needs had been carried out with their help. These assessments contained information regarding people’s

background, behaviour, positive aspects about them, preferences, choices and daily routines. People who used the service had a care plan that was personal to them. The care plans were up to date and addressed areas such as people’s personal care, nutrition and activities that people can participate in.

We noted an area of good practice. Each person’s care records contained a section on how to communicate with people and what topics they enjoyed talking. When we asked staff how they communicated with a particular person who appeared to have communication difficulties, staff were able to tell us what they did and this included not sitting too close to them and offering them a pencil and paper to write on. They said that with another person who was disruptive, they would try to focus their attention on something positive.

Various activities had been organised in response to their preferences and individual needs. These included a barbecue, outings, shopping trips, walks and attendance at clubs, a women’s group and day centres for people with learning difficulties. Details of each person’s weekly activities programme were displayed in the office. These included walks, shopping, attendance at clubs for people with learning disabilities and outings to places of interest. We noted that two people had participated in local sports activities. One person did flower arranging and had brought bouquets back into the home for display. Staff supported a person improve their computer skills by using it to write down their shopping list, toiletries and clothing needed. People informed us that they were satisfied with their activities programme. We saw that people had been encouraged to be as independent as possible. One person assisted with the laundry while others assisted with the cooking.

Is the service well-led?

Our findings

People and their relatives indicated that the home was well managed and people were well cared for. One relative stated, "I have confidence in the manager." A professional stated that the key worker of their client always tried to attend meetings (reviews) and the professional was happy with the quality of the service provided.

A social care professional stated that staff communicated well and kept them updated regarding the progress of people and responded promptly when asked for information. This professional stated that following a review, information requested were promptly received.

The home had a communication book to ensure that staff were informed of issues affecting the care of people and the running of the home. The home communicated well with relatives and staff regularly contacted relatives to give them updates about people.

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, working with people who have learning difficulties and epilepsy. Staff were aware of these policies and procedures.

The home carried out annual satisfaction surveys of people who used the service. The feedback was positive. An action

plan had not yet been prepared. The registered manager explained that the survey was not yet completed. Comments made by relatives included, "Very good and caring staff," "Care and attention given to service users." and, "Staff with lots of love."

Audits and checks of the service had been carried out by the registered manager and the area manager of the company. These included checks on equipment cleanliness, medicines and maintenance of the home. The registered manager carried out self-assessments which reflected the CQC's five questions (Is it Safe, Effective, Caring, Responsive and Well Led?). The self-assessment was then audited by the operations manager. We noted that the home scored well and met the standards required.

The registered manager and staff informed us that there was a good staff team and they worked well together. Staff told us that the registered manager was approachable and they could discuss problems and care issues with her. There were records of regular meetings held and we noted that staff had been updated regarding management and care issues. The registered manager and care staff were aware of their roles and responsibilities. They were aware of the values and aims of the service. They indicated that they worked to improve the quality of life of people who used the service by encouraging them to be as independent as possible and by empowering them.