

# Voyage 1 Limited

# The Lodge

## 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

The Lodge is a care home without nursing for up to five people with learning disabilities and/or on the autistic spectrum. At the time of this inspection there were three people living at the service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated any risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service continued to meet all the fundamental standards and had a registered manager as required. The registered manager was present and assisted us with the inspection.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. Medicines were handled correctly and safely.

People received effective care and support from staff who knew them well and were trained and supervised. People received care and support which was personalised to meet their individual needs. They knew how to complain and staff knew the process to follow if they had concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's right to make their own decisions were protected.

People benefitted from a service which had an open and inclusive culture. Staff were happy working at the service and people benefitted from having staff who felt well managed and supported.

People were treated with care and kindness and their right to confidentiality was protected. People were treated with respect and their dignity was upheld. People's diversity needs were identified and incorporated into their care plans where applicable.

Further information is in the detailed findings in the full report.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Lodge

## 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 is 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 9 and 10 October 2018. It was unannounced and was carried out by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager and deputy manager. We also spoke with all three people who live at the service and four care workers. As part of the inspection we sought feedback from 14 community professionals and received responses from two.

We looked at three people's care plans, daily notes, monitoring records and medicine administration sheets. We saw staff recruitment files for the four staff members who had been employed since our last inspection. We reviewed a number of other documents relating to the management of the service. For example, staff training records, staff supervision and appraisal log, premises safety records, legionella and fire risk assessments, audits, staff meeting minutes, compliments and concerns records.

# Is the service safe?

## Our findings

The service continued to provide safe care and support to people

People were protected from the risks of abuse and felt safe living at the service. A relative felt their family member was safe at the service and added they had, "Every confidence in the staff under [registered manager's] guidance." Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm. Community professionals thought the service and risks to individuals were managed so that people were protected.

Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Safety checks of the premises were carried out regularly. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work. Emergency plans were in place and were followed. For example, there were emergency procedures in case of fire.

Staff received training in responding to behaviours that challenge. Specialist advice was sought where needed and techniques to help people should they become anxious were documented in their care plans. Staff had training in the management of actual or potential aggression. We saw an email from the course trainer complimenting a member of the service's staff. The trainer stated, "[Name] showed a passion for the people she supports – I feel she is a shining example of what the [training] programme is trying to demonstrate." We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. People were comfortable with staff and reassured by any actions they took to help reduce their anxiety.

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included the majority of the required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. There were some missing items of information but the registered manager obtained the information promptly after the inspection. The registered manager also explained they had put in place a new system. She told us, "When I receive the ready to start email confirmation from recruitment, before offering a start date, I will check all necessary documents [are in place]."

People were busy and going about their daily lives both in and out of the service. We saw staff were available when people wanted assistance with whatever they were doing. Staff said there were usually enough staff at

all times to do their job safely and efficiently. A relative said staff were available when needed and commented, "They are always willing to help [Name]."

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

# Is the service effective?

## Our findings

The service continued to provide effective care and support to people.

People received effective care and support from staff they knew and who knew how they liked things done. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or if new information came to light.

The care staff team was made up of the registered manager, deputy manager, three senior care workers and 12 care workers. Care staff and people living at the service worked together on meal preparation, cleaning and laundry.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to deliver high quality care and support to the people living at the service. The service provided training in topics they considered mandatory, such as health and safety, fire safety, manual handling, infection prevention and control and food safety. Mandatory training was mostly up to date, where refresher training was overdue, arrangements were in place for staff to catch up. People told us staff knew what they were doing when they provided support. A relative thought staff had the training and skills they needed when they were supporting their family member. Community professionals said the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One added, "Where more specialised skills were needed they have sought advice."

Staff received formal supervision with their manager to discuss their work and how they felt about it. Other management support was provided in the form of staff meetings and informal chats if requested by staff. Staff had annual appraisals of their work. They confirmed they had regular supervision and said they felt supported by their managers and seniors.

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. A relative said their family member had been asked their consent to the care and treatment they received and added, "[Name] is always asked."

Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had identified the people living at The Lodge who were potentially being deprived of their liberty. Applications had been made to the funding authorities for the required assessments and authorisations.

People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. A relative said their family member enjoyed the food provided and commented, "He most certainly does." Drinks were also available at all times and people were free to decide what and when they ate. People were weighed monthly. Staff told us referrals would be made to the GP where there was a concern that someone was losing weight, or was putting on too much weight. We saw staff always made sure foods were available to meet people's diverse needs.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians. People had health action plans. A health action plan holds information about a person's health needs, the professionals who support those needs, and their various appointments. People had an annual health check from their GP as part of their health action plan. Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. People and a relative said they could access health professionals when they needed to. A relative added, "Always."



## Is the service caring?

### Our findings

The Lodge continued to provide a caring service.

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and were confident in their dealings with them. A relative said staff were caring when they support their family member and added, "Very caring." They said staff knew how their family member liked things done and commented, "Everybody knows his likes and dislikes."

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person and what they liked to do. Community professionals thought the service was successful in developing positive caring relationships with people living at The Lodge. People and their relatives said they were involved in planning their care. A relative commented, "... when I have not been available [the registered manager] always contacts me to discuss his plan."

People's equality and diversity needs were identified and set out in their care plans. Staff were respectful of people's cultural and spiritual needs. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

People's rights to privacy and dignity were supported. People felt staff knew how they liked things done and did things in the way they preferred. Community professionals said staff promoted and respected people's privacy and dignity. A relative told us staff, "Always" treated their family member with respect and dignity.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted, with changes made to their care plan and support as necessary. A relative said staff encouraged their family member to be as independent as possible saying, "They encourage him to do as much for himself as possible."

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service.

## Is the service responsive?

### Our findings

The service continued to provide responsive care and support to people who use the service.

People received support that was individualised to their personal preferences and individual needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Community professionals thought the service provided personalised care that was responsive to people's needs. One community professional told us, "They try to be as flexible as possible."

We saw an email from a professional praising the service on their end of life care for one person. They commented, "You cared for [Name] very much and you should be proud of your achievements with him." One relative told us, "[Name] is very happy at The Lodge. It always feels like his home. Under [registered manager] the staff are trained to very high standards. The care for very ill clients has been exceptional. [I] cannot praise them enough."

People were involved in the local community and visited local shops and other venues. Where possible the service provided access to local events to enhance social activities for people to get involved with. This took into account their individual interests and links with different communities. People had access to a busy activity schedule. During our inspection everyone kept busy with activities they enjoyed, either inside or outside the service. People could choose what they wanted to do and were also able to try out new activities when identified. A relative said their family member was able to participate in activities they enjoyed and added, "A very big yes. Staff take him out to football, shopping and anything else he wants to do."

People had the opportunity to plan and have a holiday of their choice each year. We saw a number of photographs showing people enjoying themselves on their holidays in 2017. Staff completed an excellent piece of work last year. They had worked with each person developing a photo book setting out activities they had taken part in during the year. The books were then professionally printed providing a permanent reminder of their year. We saw a compliment to the service from an independent advocate for one person. The advocate wrote, "I just wanted to document my compliments regarding the photobook [Name] showed me when I visited last week. I think the idea of each resident having a photobook as a record of their year is a brilliant one. Not only does it document the activities and days out that individuals have had but it was great to see [Name] so animated when he was showing me his book. It facilitated [my] conversation with [Name], asking about the places and photos and what he liked doing. I have not seen this anywhere else. A brilliant idea!"

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of reviewing and updating people's care plans. They planned to document

the communication needs of people in a way that meets the criteria of the standard.

People knew what to do and who they would talk to if they had any concerns. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. We looked at the complaints log for the previous year and saw there had been none. People and their relative knew how to raise a concern. A relative commented, "[The registered manager] and staff always listen and respond to any concerns."

## Is the service well-led?

### Our findings

The service continued to be well-led.

The service had a registered manager. 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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

The provider had an effective audit system in place and the service staff and the provider's maintenance team ensured health and safety audits of the premises were carried out. The registered manager and staff undertook other audits at the service as part of their roles. For example, audits of care plans and health risk assessments. Staff carried out other health and safety checks on a daily or weekly basis, for example checks of hot water temperatures and food safety checks. The service had been awarded a food hygiene rating of 5 (very good) by Bracknell Forest Borough Council on 6 June 2017. All records and audits seen were up to date and details of actions taken to remedy any concerns demonstrated actions were completed promptly.

The service carried out an annual quality assurance survey with an action plan being drawn up to address any concerns raised. We saw some of the responses for the last survey carried out earlier in 2018. One professional commented, "My client is very happy there and enjoys the company of his staff and friends. He enjoys accessing the community more than before [moving in]. [He is] comfortable and confident." A relative told us they had been asked for their opinion about how things were run at the service. They said the management listened and acted on what they and their family member said and added, "Anything we ask is acted on. [We are] always included in the discussion and follow up."

The service's own audit system, and some comments from the annual survey, mentioned improvements needed to the premises. We saw these were being actioned with the first-floor shower room having been refurbished and the downstairs bathroom being converted to a walk-in shower room. Redecoration and refurbishment was ongoing with plans in place for upgrades to other areas of the service in the next few months. People told us they liked the new changes and said they had been asked for their input on what was to be done.

People benefitted from a staff team that were happy in their work. Staff told us they felt the service was well-led and enjoyed working at the service. They felt supported by the management and their colleagues and felt they were provided with training that helped them provide care and support to a good standard. Comments from staff included, "This is the best job. Staff are friendly and good friendships with the guys [people living at the service]", "The Lodge is an excellent place to work", "The manager is very supportive" and "I feel good working here. [Name] is a good manager, she will be there for you." People and a relative thought the staff were happy working at The Lodge. A relative commented, "[There is a] good leadership and

co-worker ethos. Always smiling." When asked if they thought there was a good atmosphere at the service a relative answered, "Yes, definitely."

Community professionals felt the service was well-led. They said the service demonstrated good management and leadership, delivered good quality care and worked in partnership with other agencies. One comment seen in the survey said, "What I feel works well at The Lodge is the manager and the staff members have the residents' best interest at their heart and the fact that The Lodge does not use agency staff. The staff members know the residents well and are in a position to provide person centred care and support."