

Voyage 1 Limited

130 Whitworth Road

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 16 March 2018. At our last inspection in January 2016 the service was rated Good. At this inspection we found the service remained Good.

130 Whitworth Road is a 'care home' that accommodates up to four people with learning disabilities in one purpose-adapted building. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our visit there were four people using the service.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was no registered manager in post and for this reason the service was overseen by a registered manager from another service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Why the service is rated Good.

The home continued to ensure people were safe. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely. Staff had attended safeguarding training and were aware of the systems in place to report any allegations of abuse. The provider followed appropriate recruitment procedures to ensure they employed staff who were suitable to provide care.

People continued to receive effective care. People who lacked capacity had decisions made on their behalf in line with current legislation. Staff received training to ensure they had the skills and knowledge required to effectively support people. People's healthcare needs were met. People were supported to eat and drink in line with their nutrition assessments. People were supported to have maximum choice and staff supported them in the least restrictive way possible.

The home continued to provide a caring service to people. We observed that staff were kind and patient. People's privacy and dignity were respected by staff. People were involved in making decisions about the care and support they received. People's choices were always respected and staff encouraged choice for those who struggled to communicate with them.

The home remained responsive to people's individual needs. Care and support were personalised to suit each person's needs and preferences, and people were able to make choices about their day to day lives. People took part in a wide range of activities which reflected their interests and preferences. People and their relatives told us they knew how to complain and there were a range of opportunities for them to raise concerns with the management team and designated staff.

The home continued to be well-led. Relatives and staff spoke highly of the management. Regular audits and checks were carried out on the quality of care people received. Shortfalls identified were addressed in a timely manner to develop the service.

## 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.

# 130 Whitworth Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 26 March 2018 and was unannounced. The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we talked to three people using the service. We spoke with two members of care staff, a deputy manager, a registered manager from a sister service and an external pharmacist.

We looked at four people's care records and their medicine administration records. We reviewed information relating to the management of the service, such as safeguarding reports, incident records, and policies and procedures. We looked at four staff records that included recruitment, training and supervisions.

After the inspection, we received feedback from one relative of a person using the service.

# Is the service safe?

## Our findings

People continued to live safely at the service.

Staff were aware of the safeguarding procedures in place. They had attended safeguarding training and were aware of how to recognise and report abuse. A member of staff told us, "If I suspected abuse, I would inform my deputy and then my service manager. I would go to the safeguarding team if they did not act on this".

People were protected from the risk of avoidable harm. Risks to people's health and well-being continued to be assessed, reviewed and managed. Records showed staff followed guidance in place to support people in a safe manner while they protected their safety in a positive way. Risks identified included such instances as people refusing to attend healthcare appointments, risks associated with eating and drinking, and hot weather conditions. Risk assessments and management plans were updated to ensure they reflected people's current needs and the support they required.

People were supported to take their medicines safely. Medicines were administered, stored, managed and disposed of in line with the provider's procedures. Staff were trained and assessed as competent to manage people's medicines. Medicines administration records (MARs) were completed, and contained no gaps or omissions in signings. This indicated people received their prescribed medicines as required. The external pharmacist carrying out medication audits told us, "The medicines management is good. Protocols for medicines administered when needed (PRN) are reviewed on a monthly basis and I like the fact that the protocols are person specific. There are also risk assessments for creams containing paraffin".

There were sufficient levels of skilled staff to support people. When asked if there were enough staff to support them, people responded positively by pointing or smiling. We observed staff responding promptly to people's requests to go out or to participate in activities. A member of staff told us, "The staffing levels are appropriate". One relative of a person remarked, "I believe that staffing levels are really good. [Person] is offered far more one-to-one time here than in his previous place".

There continued to be robust recruitment checks to ensure staff employed were suitable to work in a health and social care environment. Staff folders evidenced that references, qualifications, identity checks and Disclosure and Barring Service checks (checks made by the employer to see if staff had previous convictions) were completed before staff started to work at the service. This meant people were supported by staff who had undergone the necessary checks to ensure they were able to support them safely.

Staff had clear guidelines for reporting and recording accidents and incidents. There was a clear process for reporting accidents and incidents, and staff were aware of these.

People continued to receive care in a clean and well-maintained environment. Infection prevention and control systems were effectively used to minimise the spread of germs. Staff followed a cleaning schedule, which the management reviewed regularly to ensure good standards of hygiene were maintained. Staff used

personal protective equipment such as gloves, aprons, hand soap and gels to prevent and reduce the spread of infection. Staff had received training in infection control and had access to the policy for guidance. Waste disposal was done safely. The accommodation was tidy and free from unpleasant odours.

There was equality and diversity policy in place and staff received training on equality and diversity. Staff understood their responsibility to help protect people from discrimination and ensure people's rights were protected.

Major incident contingency plans were in place which covered disruptions to the service, which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people in case of untoward events.

## Is the service effective?

### Our findings

People's needs continued to be met effectively. People had their needs assessed before they started to use the service. The service involved other health and social care professionals in assessing people's needs. This was to ensure the suitability of the home as well as to determine the staffing levels and the skills staff needed to provide effective care. Staff were provided with sufficient information to ensure care was delivered that met people's needs. Care plans included guidance from health and social care professionals which ensured people's care was delivered in line with best practice and current legislation. The care plans were reviewed and updated to adjust care and support to current people's needs. Daily observation records showed people received their care as planned and according to the guidance provided by health and social care professionals.

People were supported by suitably trained and competent staff. Staff attended training to equip them with the skills needed to meet people's needs. The training included safeguarding, Mental Capacity Act 2005, infection control, epilepsy awareness, fire safety, autism, health and safety, and privacy and dignity. Staff attended regular supervisions and annual appraisals with the management team. Supervision records showed they discussed teamwork, the support they required and the skills they needed to enhance their practice. Annual appraisals gave both the managers and staff the opportunity to reflect on last year's achievements and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

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. A member of staff told us, "The MCA is about people making their choices and us acting in their best interest if they are assessed as unable to make a choice". These comments showed staff worked in accordance with the principles of the MCA to ensure people's legal rights were respected. During our inspection, we saw staff asking for people's consent before supporting them. We saw staff offering choices to people and encouraging them to make decisions. Staff had a good understanding of the importance of giving people choices and seeking their consent before supporting them.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Where people had DoLS authorisations in place, the CQC had been notified and staff were aware of the specific conditions in place.

People continued to receive a healthy and balanced diet. Staff had information about people's dietary needs and preferences and considered these when preparing meals. Where people had specific nutritional needs, this was reflected in their care plans and staff were aware of it. For example, one person required



support with eating and drinking and another person was attending a diabetic diet course together with a member of staff. People had access to refreshments, snacks and fruit. Staff encouraged people to eat healthily and to include vegetables and fruit in their diet.

People's care records showed relevant health and social care professionals were involved in people's care. For example, people had access to their GPs, a chiropodist, and a dentist. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People had annual health checks and medicines reviews.

The premises were suitably adapted. People had access to all parts of the accommodation. The home was well decorated and communal areas were homely. People could spend time in various seating areas which enabled them to spend time as they wished, either alone or with others. People were able to decorate their bedrooms to their taste.

## Is the service caring?

### Our findings

People using the service and the relative of a person told us they appreciated the caring and compassionate manner of staff. One person said, "I like the staff working here". One person's relative told us, "They interact very well with [person]".

During our inspection, we saw staff speaking to people with kindness and compassion. Staff listened to people's requests with patience and responded to their needs in a sensitive way. Staff displayed a good understanding of people's behavioural needs and provided them with emotional support. All in all, the service had a calm, cosy and welcoming atmosphere.

Staff explained to us how they promoted people's privacy and dignity in everyday practice, for example by taking all precautions so that people were not exposed whilst receiving personal care. A member of staff told us, "I close the door and draw the curtains when providing personal care. Before carrying out any task, I ask politely for consent and I explain things to a service user so they feel safe".

People were supported and encouraged by staff to express their views and to make decisions about their care and support. The provider implemented a keyworker system where each person was allocated a named staff member. A keyworker is a staff member who is responsible for overseeing the care a person receives including liaising with relatives, representatives and healthcare professionals involved in the person's life. Staff supported and encouraged people on a daily basis to make choices. At monthly keyworking sessions staff supported people to voice their opinions and make decisions regarding their care, support and treatment. We looked at keyworking session records that showed people were consulted about their care outcomes and asked if they wanted to change any aspects of their care and support.

During our inspection, we noted that staff encouraged and assisted people to remain as independent as possible. A member of staff told us, "We support our service users to be as independent as possible. We support them hand over hand to do simple things like making a cup of tea. In the garden we support them to dig up a hole and cover a plant. In the community we encourage people to pass shopping to a basket".

Care plans ensured support needs outlined the diverse needs of people, including gender, disability, religious beliefs and culture. Staff were aware of people's likes and dislikes and could show us how they respected these on a daily basis.

People's sensitive information and personal data were stored securely and safely in lockable cupboards only accessed by approved staff. Staff understood the importance of confidentiality and were trained in confidentiality.

## Is the service responsive?

### Our findings

People continued to receive individualised care and support which met their needs. Staff were provided with information about each person's needs and the support they required. People were involved in discussing their care and indicated how they wanted their care to be delivered. People using the service, their relatives and, where appropriate, health and social care professionals were involved in reviewing people's support plans. One relative of a person told us, "I go to [person's] reviews. I have very good communication with the home and I work very closely with them". Care and support plans were updated to reflect changes in people's needs. Staff told us they received updates on people's health which enabled them to provide care that was responsive to people's changing needs.

People continued to take part in a wide range of individual and group activities. People had a weekly activities programme and told us they were supported in carrying out activities of their choice. The service offered internal and external activities such as going out to pubs, going to arts and crafts club and going out for coffee mornings. People's care plans recorded the activities people enjoyed and staff we spoke with knew about these. One relative of a person told us, "I believe [person] goes out five times per week, however, he would not go out if it was snowing. I like the idea of tea and coffee with a sister service as this helps with the social aspect of care". One person said they did not like group activities and this was respected by the service. The person told us that alternative activities were organised to them such as trips to restaurants.

People were encouraged to keep in touch with those who mattered to them. One relative of a person visited their family member weekly as confirmed by staff and the visitor's signs in records. Staff also drove a person regularly throughout the year to enable them to maintain meaningful contact with people who were important to them. One person told us that they were regularly visited by a carer from their previous place of residence.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as an easy-to-read format, a range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference, pictures and using a communication board. Additionally, staff used signs and other specialised communication methods throughout the day. People understood staff and staff understood them. One person's relative told us, "The manager that has left was exceptionally good at Makaton. The communication between the service users and staff is good. However, now once she has left, I would like more staff to attend a Makaton course in order to allow [person] to be able to express his feelings". Makaton is a language programme using signs and symbols to help people communicate. It is designed to support spoken language and the signs and symbols are used with speech in the spoken word order.

People using the service and their relatives knew how to make a complaint if they were dissatisfied with any aspect of the service. The complaints process was displayed within the service so that people could easily access it. Staff told us they would support people to make a complaint or get an independent advocate where required. We reviewed the complaints log run since the last inspection and found they had been

resolved in line with the procedure.

The service had received many compliments since our last inspection, which showed people using the service and their relatives remained satisfied with how the staff provided care.

According to a policy that was in place, when people became terminally ill or reached old age, end of life care plans would be created in order to address people's end of life wishes. There were no end of life care plans and no one was receiving end of life care at the time of our inspection.

## Is the service well-led?

### Our findings

There was no registered manager in post. 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. The service was overseen by a registered manager from a sister service and by the deputy manager. A new manager had already been appointed and was to fill their post soon after our inspection.

People continued to benefit from a service that was well-led. The management team demonstrated a clear vision to deliver care which supported people's independence, helped them to enjoy their lives, make their own choices and keep them safe. The management team consisted of the deputy manager and the registered manager from a sister service. The deputy manager was responsible for the administration and providing staff with direct support, with the assistance of the more experienced registered manager from the sister service. This helped to ensure that the high quality of care was maintained. This vision was shared by staff. One relative of a person told us, "The service is managed well. Although the service manager has left, they know I would like to be regularly updated and the deputy keeps me up to date".

Staff told us they felt well supported by the management team, were involved in making decisions regarding care delivery and worked well as team. Staff we spoke with were confident about their responsibilities and stated that they felt comfortable approaching the management team with any concerns. A member of staff told us, "I feel supported. Everything works well and I'm happy about the working environment and support".

The provider continued to use an effective quality assurance system for monitoring all aspects of the service. This helped to identify where the service was doing well and the areas it could improve on. For example, some of the audits had resulted in improved record keeping. The auditing system was linked to the five domains used by the Care Quality Commission (CQC). The provider regularly scrutinized incidents and accidents, complaints and safeguarding issues to identify where any trends or patterns may be emerging.

Records showed that the provider used robust systems to continuously learn and improve. A regular survey was organised to gather opinion of people who use the service. We saw no evidence of the survey being sent to the relatives or other professionals, however, this had no impact on the quality of care provided to people. A relative of one person told us, "I always ask and they always discuss with me what he has been doing so I do not feel a need for survey".

Records showed and staff confirmed that the service worked in partnership with a number of health and social care professionals such as GPs and social workers to ensure people's health and well-being were maintained.

The management understood their responsibilities in line with their registration with the Care Quality Commission. They were passionate about implementing high standards of care and ensured staff focussed

on delivering person-centred care. The management continued to submit notifications to the CQC with information about the welfare of people and measures taken to keep them safe. This enabled the CQC to determine whether the action had been taken to keep people safe was appropriate and effective.