

# Voyage 1 Limited

# London Road

## Inspection report

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Date of inspection visit:  
12 February 2020  
13 February 2020

Date of publication:  
07 April 2020

## 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

### About the service

London Road is a residential care home specialising in care for people with traumatic brain injury. This care home provides personal care to people of varying ages in one adapted building. At the time of our inspection, the service was providing personal care to 10 people, this is the maximum number of people this service is registered to support.

### People's experience of using this service and what we found

Medicines were administered safely; however, medicines were not always stored in line with best practice guidance.

There were systems in place to safeguard people from abuse. Staff were knowledgeable about safeguarding and there were clear whistleblowing policies in place. Relevant health and safety checks were completed. Risks were assessed and there were risk management measures in place. Infection control was managed safely.

People's needs and choices were assessed and recorded in their care plan. People were cared for by staff who received ongoing and relevant training. People were supported to maintain a balanced diet. The service design was adapted to meet people's needs. People's flats were personalised and homely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated kindly and respectfully. People's right to privacy and dignity was respected and staff supported people to be as independent as possible. People and their families spoke warmly of the family atmosphere at the service.

People were supported to maintain social networks and take active roles in their local communities. There were regular activities and daily trips that people told us they enjoyed.

The service was well-led and staff told us they felt supported by the registered manager. Relatives told us they were happy with the way the home was run and felt the positive culture at the home was led by management.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# London Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

London Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

Before this inspection, we reviewed the information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

During this inspection, we spoke with two people who use the service and three relatives about their experience of the care provided. We spoke with three staff members and the registered manager about their experience working with the service. We reviewed a range of records. This included two care plans, two staff

files and several other documents relating the to management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People had individual risk assessments in their care plans. The identified risks included oral health, skin integrity and malnutrition.
- Where risks had been identified, it was not always clearly recorded what actions should be taken to reduce the risk. For example, we saw one person had been identified as high risk for pressure damage, however there were no identified actions to reduce the risk of injury.
- When we raised this with the registered manager, they assured us that measures were in place and this was a recording issue that would be reviewed immediately. Since the inspection, the registered manager sent us evidence to show this has been amended and they have included more guidance for staff on reducing risk.
- Assistive equipment such as hoists and wheelchairs were checked weekly to ensure they remained in good working order. Equipment was regularly serviced

### Staffing and recruitment

- The service completed safe recruitment checks to ensure the good character of staff they employed. This included employment and personal references, also a check with the Disclosure and Barring Service (DBS). The DBS help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.
- Staff told us the service was always fully staffed and staff had enough time to work safely with people. Comments included, "recruitment has been hard, but we always work to the minimum capacity. Everyone helps out, teamwork is how this place works. We can always do the activities the guys have chosen to do."

### Using medicines safely

- Medicines were administered safely. People had personalised medication care plans and there were protocols in place to support staff to offer and administer 'as required' medication.
- Temperatures of medicine storage were not always monitored effectively. There was thermometer in place however this was not working accurately. Temperatures had consistently been recorded between 8-9 degrees centigrade however no action had been taken as a result of this. Medicines should be stored between 15 and 25 degrees to avoid the risk of medicines becoming less effective. When we raised this with the registered manager, they replaced the faulty thermometer and told us they would discuss this with all staff.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse.
- Staff were knowledgeable about the different kinds of abuse and how to recognise and report these. There was a clear and accessible system for staff to report concerns about people's safety. This included a

whistleblowing policy. Whistleblowing is when a member of staff passes on information concerning a wrongdoing at work.

#### Preventing and controlling infection

- The service was clean, tidy and free from bad odours.
- Staff had good knowledge of infection control principles and followed these when supporting people.

#### Learning lessons when things go wrong

- Accidents and Incidents were recorded and reviewed by the registered manager. These were recorded via an online system that alerted the registered manager to trends or anomalies in incident reports.
- Data from incident and accident reporting was used to aid service improvement.
- Accidents and Incidents were also overseen by the provider. If learning was identified in one service, this was shared to all services in order to drive universal improvement.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had assessments in place that considered their physical, emotional and social needs. The service completed assessments prior to people moving to London Road, this meant that the service was able to ensure they could meet people's needs from arrival.
- People's oral health was assessed. This information was used to support people with day to day oral hygiene as well as access to community dentist, if required.
- Assessments were completed with input from appropriate health specialists. This meant care was delivered in line with current good practice guidance and the law.

Staff support: induction, training, skills and experience

- Staff completed a range of training appropriate to their role. This included training in Health and Safety, Infection prevent and control, moving and assisting and privacy and dignity.
- Staff told us they had enough training to work with people confidently, effectively and safely.
- There was a robust induction process in place, this included training, shadowing experienced staff and a probationary period with regular reviews and support meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain good nutrition and hydration.
- Where people received nutrition via a percutaneous endoscopic gastrostomy (PEG) tube, staff were adequately trained and supported by community nurses and dieticians.
- Where there were risks to people such as risk of choking and allergies, staff were aware of risks and this was clearly documented in their care plan.
- People were supported to be as independent as possible when preparing and eating meals. Meal choices were decided by people who lived at London road and were flexible if people changed their choices.

Adapting service, design, decoration to meet people's needs

- The service was adapted to cater for people with varying mobility needs.
- Peoples rooms were personalised and had a homely atmosphere.
- People were supported to manage their own 'flat' as independently as possible, this included choosing the layout and decoration as well as day to day cleaning tasks.
- Communal areas were decorated in consultation with people that use the service. For example, we saw one room was being redecorated as a sports viewing room following people's feedback.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to access community health care services when required. This included a community dentist, GP, Speech and Language therapy and physiotherapists.
- Staff supported people to follow specialist advice, this included supporting people to complete recommended exercises and activities.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Peoples mental capacity was assessed and where people were found to lack capacity, best interest decisions were evidenced in their care plan.
- The registered manager had applied for DoLS authorisations, where appropriate.
- Staff were knowledgeable about the MCA and how this applied to their role. One staff member told us, "It's got five key principles, the first is you should never assume someone has not got capacity, second, you must allow them to make their own decisions, third, even if they are unwise decisions. Fourth, if that person lacks capacity then a best interest meeting will be held, the fifth is using the least restrictive approach."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff who supported them, one person told us "They're good, I have no problem at all with them, they are all very patient, very friendly." Another person told us "I am really happy. That's why I say 'fan-dabby-dozy'."
- Relatives told us their family members were well treated and respected as individuals. Comments included, "There is a very warm and caring attitude", "The staff are lovely, they are very engaged" and, "They've set this up more like a family environment, a family home which is important to us as parents."
- People were treated as individuals and were supported to be a part of cultural communities that were important to them. For example, we saw one person had been supported to attend regular religious services. Another person was supported to celebrate being part of the LGBTQ+ community by holding themed parties at the service.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care, people were involved in creating their care plan and reviewing this on a regular basis.
- There were weekly meetings attended by staff and people who live at the service. These meetings were used to discuss what people would like to do and what was important to people in the week ahead.
- People's communication styles were documented in their care plans and were well known by the staff who supported them. This meant that people were able to express meaningful choices and opinions about their day to day care.
- Relatives told us their family members were listened to in relation to their care. One relative told us, "I think [person] is listened to, he tells me that he talks things through. He seems exceptionally happy."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity and spoke passionately about the importance of this. One staff member told us, "Always respect [people's] wishes, any personal care or anything that could be deemed personal. Closing the doors, knocking before we go into the flats, once we've knocked, we ask if its ok to come in. Remember personal space, I wouldn't like it if someone was in my face all the time. It's making sure that we respect [people's] choices."
- One person told us how they felt they were supported to be independent at London Road, they told us, "I can do things here, my mum I love her dearly, but there is nothing for me there".
- Relatives told us people were supported to maintain their physical appearance in the way they preferred, one relative told us "he's always nicely shaven and his clothes are all nice. You look at him and think yeah,

that's how I'd want him at home."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and provided personalised care. Relatives confirmed this, their comments included, "They treat him wonderfully well, very caring, and they have a lot of fun with him" and "[person] is a bit of a character, he's loud and full on, he doesn't ever shut up. He's quite a big personality, but I always get the impression they like him, and that again is important"
- People's care plans were specific to them and detailed how they would like their needs to be met. These were updated regularly when people's needs or preferences changed.
- Staff spoke about the importance of providing person centred care for the people they support, one staff member told us, "respecting decisions that [people] make, anything that they may want to do or have done. It's all about them, it's not your life, it's their life." Another staff member said "Is basically it's about treating everybody as an individual, when you are supporting an individual, you are supporting that individual, not everyone is under one blanket."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and documented in their care plans. This included people's verbal and nonverbal communication styles, communication aids and how they preferred to receive information.
- People's communication needs were communicated with other health care professionals when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to partake in activities that they were interested in and enjoyed.
- Relatives told us people were supported to be part of the local community and to maintain a meaningful social network. Comments included, "You take him down the town, and there are loads of people speaking to him, and he knows everyone and where they have come from." "They do so much in the community, he's always out." And, "[person] certainly feels and has said to us, this is my community, this is my family."
- The service held events to support people and relatives to celebrate meaningful dates together, these included parties to celebrate birthdays and religious festivals.
- Relatives told us they felt welcome at the service and were able to visit at any time. One relative told us, "[staff] have always got time for you. I usually have a quick catch up when I come in. If there is anything you

need to know you get told."

- People were supported to enjoy travel and visit destinations that interested them, we saw one person had been supported to visit Las Vegas, Alcatraz and was planning a trip to go on safari.

Improving care quality in response to complaints or concerns

- The service had a clear complaints policy in place for relatives and people that use the service. A copy of this was given to people individually as well as displayed in the reception area.
- The complaints policy was available in an easy read format, this meant that people could read the policy in a way that was accessible to them.

End of life care and support

- This service had not supported anyone with end of life care at the time of inspection.
- The service did not have end of life care plans in place for people at present. When we discussed this with the registered manager, they informed us that they were in the process of developing end of life care plans. This was in progress with some people who use the service however the service was not doing this with all people as it was deemed not be appropriate at this time.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager led the service with a person-centred ethos. One relative told us, "I think it's very well led actually, the cultivation of this atmosphere doesn't happen automatically, it needs someone to imprint a vision of what it should be like and [registered manager] has done that."
- Staff told us the service was well managed. Comments included, "if I need anything [registered manager] is there. Even on the floor as well, if we need a shift covering due to sickness, [registered manager] will always help out, she'll never leave us short. She doesn't just support paperwork wise she supports us on the floor." And "if I'm unsure of anything, I can always turn to [registered manager]"
- The registered manager had good understanding of the duty of candour. They were able to give examples where they had met this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were quality assurance systems in place, however these had not identified concerns regarding medication storage and recruitment documents.
- There was a clear management structure in place, staff were able to access managerial support at all times.
- The service had submitted appropriate notifications since their last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service regularly sought feedback from people, relatives and professionals that worked with the service. This included yearly surveys and weekly meetings as well as informal verbal feedback.
- Quality assurance surveys were used to form a plan for service improvement, we saw evidence that people's feedback had influenced decoration and activity at the service.

Working in partnership with others

- The service maintained good relationships with other health and social care professionals. There were appropriate referral process and protocols in place. This ensured people had good access to relevant health and social care services.
- The Registered manager was a member of relevant health and social care groups, including groups that specialised in Acquired Brain Injury. This meant they were supported to stay up to date with changing

legislation and best practice guidance.