

Voyage 1 Limited

Spring Grove Road

Inspection report

231-233 Spring Grove Road
Isleworth
TW7 4AF
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Website: www.voyagecare.com

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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 

Overall summary

The inspection took place on 7 July 2015 and was unannounced. The last inspection of the service was on 5 September 2014. There were no breaches of Regulation at this inspection.

Spring Grove Road is a care home for up to five adults who have a learning disability. The accommodation is provided in two semi-detached house which are connected via a shared garden. Two people live in one house and three in the other. The home is managed by Voyage 1 Limited, a UK wide company providing social and healthcare to people with learning disabilities. The

registered manager left the service in March 2015. The provider has employed an acting manager and was in the process of recruiting a permanent manager at the time of our inspection.

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 and associated Regulations about how the service is run.

Summary of findings

There were appropriate procedures for safeguarding adults and the staff were aware of these.

The risks people were exposed to had been assessed and there were plans to reduce the likelihood of harm.

There were enough staff employed at the home and recruitment procedures were designed to make sure the staff were suitable.

People's medicines were managed in a safe way.

The staff were appropriately trained and supported. They had the information they needed to carry out their roles.

People's capacity to consent had been assessed and information about how they made decisions had been recorded. The provider had acted in accordance with their legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards because they had applied for authorisation to lawfully restrict people's freedom to use the community without support.

Peoples' health care needs had been assessed, monitored and met.

People were given a variety of nutritious and freshly prepared food. Their nutritional needs had been assessed and met.

The staff were kind, considerate and treated people with respect. They showed genuine fondness for the people who they cared for.

People had their needs met in a personalised way. Their needs were recorded and they were able to make choices about their daily lives. People took part in a range of different social and leisure activities and used the local community.

There was a suitable complaints procedure and the provider responded appropriately to complaints and concerns.

There was a positive and inclusive culture at the home.

The provider had systems for monitoring the quality of the service and mitigating against risks to people's well-being.

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.

There were appropriate procedures for safeguarding adults and the staff were aware of these.

The risks people were exposed to had been assessed and there were plans to reduce the likelihood of harm.

There were enough staff employed at the home and recruitment procedures were designed to make sure the staff were suitable.

People's medicines were managed in a safe way.

Good



Is the service effective?

The service was effective.

The staff were appropriately trained and supported. They had the information they needed to carry out their roles.

People's capacity to consent had been assessed and information about how they made decisions had been recorded. The provider had acted in accordance with their legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards because they had applied for authorisation to lawfully restrict people's freedom to use the community without support.

Peoples' health care needs had been assessed, monitored and met.

People were given a variety of nutritious and freshly prepared food. Their nutritional needs had been assessed and met.

Good



Is the service caring?

The service was caring.

The staff were kind, considerate and treated people with respect. They showed genuine fondness for the people who they cared for.

Good



Is the service responsive?

The service was responsive.

People had their needs met in a personalised way. Their needs were recorded and they were able to make choices about their daily lives. People took part in a range of different social and leisure activities and used the local community.

There was a suitable complaints procedure and the provider responded appropriately to complaints and concerns.

Good



Is the service well-led?

The service was well led.

There was a positive and inclusive culture at the home.

Good



Summary of findings

The provider had systems for monitoring the quality of the service and mitigating against risks to people's well-being.

Spring Grove 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 checked 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.

The inspection took place on 7 July 2015 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we looked at all the information we held about the provider including notifications of significant events, safeguarding alerts and the last inspection report.

We met all of the people who lived at the home. Because of their complex needs some people were not able to tell us about their experiences of living at the home, so we observed how they were being cared for. We met four members of staff, two senior support workers and two support workers. We also met the provider's operations manager who was visiting the home. We looked at records relating to people's care, including three care plans, records of incidents and accidents, records of the provider's quality monitoring and records relating to medicines management. We also looked at the recruitment, training and support records for three members of staff. We inspected the environment.

Following the inspection we had feedback from two relatives of people who lived at the home and one social and healthcare professional who supported the people who lived there.

Is the service safe?

Our findings

The relatives of people who live at the home told us that people were safe there. They said that the staff contacted them if anything was wrong and cared for them in a safe way. They told us they trusted the staff and people living there were happy and relaxed.

The provider had procedures for safeguarding adults. The staff were aware of these and were able to tell us what they would do if they suspected someone was being abused. They told us they had received training in safeguarding adults and this was updated every year. We saw evidence of the staff training. This included an assessment of their learning. Since the last inspection the provider had alerted CQC and the local authority about incidents where they felt people were at risk of abuse. They had followed the local authority procedures and made sure they had taken appropriate action to keep people safe and minimise the risks of incidents reoccurring. These incidents and the action the provider had taken were recorded. We saw that people's care plans included information about their vulnerability and any action the staff need to take to ensure the risks of abuse were minimise. For example, by supporting people to manage their money in a safe way. The staff made sure any money held on behalf of people was appropriately stored, accurate records were kept and these were checked each day.

Care plans for each person included detailed risk assessments. These considered how people should be supported to take risks in a safe environment. Where people were at risk, for example leaving the house without support, there was a plan to ensure they were appropriately supported. Information about people's risks and vulnerability was recorded in detail. These assessments were regularly reviewed and updated. The staff had signed to show they had read and understood these. The staff told us about how they managed risks and supported people. For example, they told us that where people were at risk because they did not have an understanding of road safety they made sure they were supported when near traffic and when leaving the house.

Some people expressed their frustrations and unhappiness through physical aggression. The staff had a good understanding about this. They told us they had been trained and had information about how to support people before situations escalated by recognising situations which

made them stressed or unhappy. The care plans recorded this information and gave details about each individual's way of expressing themselves, possible triggers and how to support them when they started to feel unhappy and when they became agitated. Physical restraint was not used in the service and people were supported through techniques which were known to calm them and make sure they felt supported. Records of incidents were recorded and the staff told us they supported each other to make sure they learnt from these incidents. This was evidenced through staff communication books and team meeting minutes.

The provider carried out checks on the environment, including fire, electricity, water and gas safety. There was evidence external organisations had made appropriate checks and identified problems were attended to. The staff also carried out regular health and safety checks and infection control checks of the environment. They recorded these. The staff told us the provider was prompt at dealing with any faulty equipment or problems with the environment. The staff carried out regular safety checks on fire protection equipment and fire drills. These were recorded. The staff had been trained in first aid, health and safety, fire safety and infection control. The building was clean and appropriately maintained on the day of our visit.

There were enough staff employed to meet the needs of people who lived at the home. The permanent staff had all worked at the service for some time and knew people's needs well. The provider employed a team of bank (relief) workers who covered staff leave and other absences. The staff told us these were also regular bank workers who knew people well and had worked at the home before.

The provider had appropriate recruitment and selection procedures for staff. These included checks on their suitability, such as references from previous employers, criminal record checks and check on their identification. The staff were invited for a formal interview which included scenarios and explored their knowledge and experience. We saw evidence of recruitment checks and interviews in the staff files we viewed.

There was a profile on each staff member, including relief and part time staff, outlining their skills and the qualities they could bring to the role.

People received support to manage their medicines safely. Medicines were stored in a secure place. There was an accurate and up to date record of all medicines held and

Is the service safe?

administered. Record included a profile of the person's medicine needs and how they should be supported with these. There were protocols for the use of PRN (as required) medicines, these included pain protocols which described how people expressed and communicated their pain. Medicine administration records included a daily audit of

the amount of medicines left after they had been administered to the person. The staff received training in medicines management and were assessed administering medicines every year. When problems or errors with medicines management had been identified the staff received more training and were reassessed.

Is the service effective?

Our findings

The staff told us the provider organised a good range of training opportunities. One member of staff said, “all we have to do is say we need or want something and they organise it for us.” Another member of staff told us, “we have lots of training in person and on line, its very good and they make sure our training is up to date.” Another member of staff said, “we talk about our training needs during supervision meetings, we know what we need.”

All new staff participated in training as part of their induction and in the first few months of their work. This training was updated regularly. The provider had a system for monitoring the training all staff had participated in and when this needed renewing. We saw that information was clearly laid out and the provider was alerted if any member of staff needed training in an area. All staff undertook training in manual handling, safeguarding adults, infection control, first aid, health and safety, equality and diversity, nutrition, managing challenging situations, epilepsy awareness and the Mental Capacity Act 2005. The operations manager told us additional training was organised where there was an identified need. For example, the provider and an external healthcare professional were developing a training course specifically for the staff working with one person so they could understand their specific needs and how to meet these. The staff told us they had opportunities for formal training like this and also for discussing individual needs with healthcare professionals as a staff team.

The staff told us they had the information they needed to support people. We saw there were systems for staff communication. These included accessible policies and procedures and what to do in an emergency. The staff used a communication book, had a verbal and written handover between shifts and had regular team meetings. Minutes of these indicated the staff were able to discuss their roles and responsibilities, the needs of people who lived at the home and other areas of the service – such as the safeguarding procedure. The staff told us they were well informed and had good support from their manager and the provider. They said that when incidents occurred they were supported to make sure they felt safe and were able to continue to work. They told us they were able to discuss concerns and felt listened to and valued by the provider.

The daily tasks were allocated to the staff via a shift plan, which helped them coordinate how they supported people.

New staff shadowed experienced members of staff and undertook an induction into the home, getting to know the policies and procedures and about the needs of the people who lived there. We saw records of these inductions.

The staff told us they had regular individual meetings (supervision) with their line manager. They told us they could discuss any needs they had, concerns and how they wanted their career to develop. They said they also had annual appraisals of their work and they felt valued and appreciated by their manager through these systems. We saw records of regular supervision meetings and appraisals. These included assessments of their abilities.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The staff and operations manager told us the provider was aware of their responsibilities. We saw they had made applications to the local authority where they were imposing restrictions, for example supervising people when they left the house. The authorisations had been granted and the provider was in the process of renewing these. The provider had notified CQC of these decisions.

Care plans included information about people's capacity to consent. They detailed what sort of decisions they could consent to and how they expressed their choices. There were communication profiles which outlined people's different ways of expressing themselves. Some of these included photographs of the person to help the staff understand the information. The profiles included information about when it was best and when not to offer people choices or support them in making a decision. Where people were assessed to lack capacity to make certain decisions, for example decisions about their health, there was information about who should be included in making a decision in their best interest. These included the person's next of kin.

Is the service effective?

Throughout our inspection we saw the staff offering people choices and respecting their decisions. They allowed people time to consent and observed how the person expressed this.

People's nutritional needs had been assessed and care plans were in place where there was an identified need. People's weight and food intake was monitored where needed. Some people were supported by healthcare professionals to make sure they maintained a healthy weight and followed a healthy diet. The staff had a good understanding about people's dietary needs and spoke about different individual's needs and how they supported them with these.

People made choices about the food they ate. The kitchens were well stocked with fresh food and the staff cooked

fresh meals each day. People were able to help themselves to drinks, snacks, fruit and other food. There was a record of the food people had eaten and planned menus. These indicated people had a varied and balanced diet.

People's healthcare needs were recorded in their care plans. Where there was a specific healthcare condition there was clear information about this and the support they needed from the staff. Each person had a health action plan, outlining their specific needs and a hospital passport, a document used to provide information to other healthcare professionals if the person was admitted to hospital. These documents were up to date. There was a record of all healthcare appointments including information from the healthcare professional they saw. We saw that care plans reflected changes in people's healthcare needs and the staff were alerted to changes in the care plan which they needed to read.

Is the service caring?

Our findings

Relatives of people living at the home told us they were happy there. They said, “(my relative) is so happy there, and that is the most important thing” and “they are relaxed and happy at the home and with the staff.”

We observed positive and friendly interactions between the staff and people who lived at the home. The staff spoke fondly about the people they were supporting and told us how they enjoyed seeing people having a good time with activities and on holiday. The staff spoke proudly about the achievements of different people and improvements in their health and wellbeing. The staff reassured people when they showed they were anxious, they comforted them and responded to their needs. We saw people being offered choices and the staff respecting these. They used objects of reference to help explain choices and to tell people what they were doing. The staff were kind and patient and did not rush anyone. They explained what was about to happen and checked that each person was happy with that.

Care plans included information about people’s emotional and communication needs. These records explained how each person needed support in these areas, and we saw the staff giving people individual and person centred care which met their needs and which they could understand.

Daily care records included information about people’s emotional wellbeing. The staff told us they spoke with each other and the person’s next of kin if they thought someone was unhappy and needed additional comfort or support.

People were supported to stay in contact with their friends and family. The family members we spoke with told us they had regular contact.

People’s privacy and dignity was respected. The staff attended to people’s needs in a discrete and respectful way.

People’s religious and cultural needs were recorded in their care plans and staff supported them with the areas of this which were important to each individual.

Is the service responsive?

Our findings

Relatives of the people who lived at the home told us people's individual needs were met.

We observed the staff responding to people's needs, offering them support and asking them what they wanted to do.

Each person had a care plan which outlined their needs and how the staff should meet these. The care plans were detailed. They recorded what a typical day was for each person, what people liked and admires about the individual and things that were important to them. The care plans also looked at each area of need, how people communicated these and described the best ways for the staff to care for them. Care plans had been updated regularly and review meetings involving the individual and their representatives had been held annually.

The staff recorded information daily to say how they had cared for people, how they had felt and whether there had been any changes in need. These records showed that staff had followed care plans and that people had been offered choices.

People participated in a range of different social activities and made use of the local community. On the day of our inspection we saw that people were being supported to use local shops, public transport and to visit an activity centre. The staff told us they planned group and individual outings based on the things people enjoyed doing. We saw that records about each person showed they had participated in a range of activities. People were supported to learn independent living skills but being involved in shopping, cleaning and laundry. On the day of our inspection we saw the staff supporting one person to make their own lunch.

The provider had a procedure for dealing with complaints. Relatives of people who lived at the home and the staff were familiar with this. The provider kept a record of all complaints and how these had been responded to and dealt with. Relatives of people told us they knew what to do and who to speak with if they were unhappy about anything.

Is the service well-led?

Our findings

The staff told us there was a positive and friendly culture at the home. They said they supported one another and the acting manager was very supportive. We saw the staff engaging positively with each other and the people who lived at the home. People appeared relaxed. The staff told us they felt relaxed and able to contribute their ideas. They said that if they had any concerns they could discuss these with the team and the acting manager.

The registered manager left the service earlier in 2015. The provider employed an acting manager who had been in post since March 2015. They were in the process of recruiting a permanent manager and the operations manager told us they hoped this person would be in post by October 2015. The acting manager had previously worked as a deputy manager in one of the organisation's resource centres. She was undertaking a management in care qualification at the time of our inspection.

Voyage 1 Limited is a national provider of day and residential services for people who have learning disabilities. They had good resources for staff training and

support and made sure the services they ran had information about current best practice. The home was overseen by an operations manager who visited the service at least once a month. The operations manager knew the service well and was able to offer support to the staff and acting manager.

The provider had systems for monitoring the quality of the service. The acting manager carried out quarterly audits looking at all aspects of the service. We looked at the most recent audit. The provider had created an action plan to address areas where they felt improvements were needed. This had been regularly reviewed and updated as changes took place at the service. The staff carried out daily, weekly and monthly audits of different aspects of the service, such as cleanliness, health and safety and medicines management.

The provider had asked people who use the service, their representatives and other professionals to complete surveys about their experiences in 2014 and planned to do this annually. The results of these surveys were included in the provider's action plans for improvements.