Voyage 1 Limited

23 Cecil Road

Inspection report

23 Cecil Road
Dronfield
Derbyshire
S18 2GW

Tel: 01246291673
Website: www.voyagecare.com

Date of inspection visit:
12 March 2018

Date of publication:
18 April 2018

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 12 March 2018 and was unannounced. The inspection was completed by one inspector. 23 Cecil Road is a care service and has 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. Registering the Right Support CQC policy. At the last inspection in February 2016, the service was rated 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 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.

The accommodation 23 Cecil Road is situated in Dronfield. It is a large house with a safe and secure garden. The property is close to shops and amenities which are utilised by the people living at the home. Each person has their own bedroom with an ensuite facility. There are shared spaces which include the lounge, a dining room and a kitchen. The home is registered for six people and at the time of our inspection five people were living in the home.

People were supported to work towards and complete major achievements in their lives. The service had continued to strengthen positive links with health care professionals and the local community shops and leisure opportunities.

Professionals involved in people's care confirmed that the service was focused on individual's needs and the provider had been able to meet people's needs where other services had failed. The provider had used technology to support people with accessing information and to develop their methods of communication. People were supported to express their sexuality and provided with guidance and opportunities to socialise.

People and their family were involved in their own care planning and were able to contribute to the way in which they were supported. Care was completely centred and tailored to each individual.

The service was flexible and adapted to people's changing needs and desires, enabling positive outcomes for all concerned. Staff had gone the extra mile to ensure that people received the support to meet their achievements and aspirations.
The provider was involved with the development of a national initiative to try and prevent the over medication of people with learning disabilities, autism or both and this ethos was firmly embedded within the service. People were protected from harm and staff had received appropriate training. Risks were managed and people supported when they expressed themselves through behaviours which challenge. There was enough staff to support people's needs and lessons had been learnt. The home was protected from the risk of infection.

People were able to make decisions and their own choices. When they had a long term illness guidance was obtained to follow best practice. Staff received training which was relevant to their role. Meals supported people nutritional requirements and choice. Health care professionals had been consulted to support people's wellbeing. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had established positive relationships with the staff. This supported them to remain independent and have daily choices. When required people could access an advocate to provide support and guidance on decision making. People's privacy and dignity was maintained.
The service remains well led. Staff felt supported by the registered manager. They had a good understanding of the service and followed guidance in respect of their registration. People's views were considered. Partnerships had been developed with health and social care professional to support the staffs' skills and the support networks for people. Audits were used to reflect on the home and to drive improvements. The provider also looked to develop accreditation in supporting people with autism, which involved a string development with the staff team.

Further information is in the detailed findings below

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?

Outstanding ☆

The service comprehensively met people's individual needs and staff understood the best way to support each person with their complex needs. Innovative approaches were used to maximise each person's potential, and ability to take part in meaningful activity.

People's care was based around their individual goals and their specific personal needs and aspirations. People were being empowered and enabled to feel a part of their community, and to achieve their goals.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a visible complaints system in place which ensured that any concerns were dealt with in a timely manner.

Is the service well-led?

Good

The service remains Good

23 Cecil 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 12 March 2018 and was unannounced. The inspection was completed by one inspector. The provider completed a Provider Information Return (PIR). This is a form 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 formulate our inspection plan.

Some people using the service were able to tell us their experience of their life in the home and we discussed areas of the home with two people. We also observed how people were supported. After the inspection we spoke with a relative by telephone and a social care professional. Their comments have been included in the report.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the home ensured the quality of the service; these included audits relating to, infection control, and surveys to reflect feedback and audits which covered all aspects of the home.

Good

Is the service safe?

Our findings

People were supported to be safe from abuse or harm. Staff had received training in safeguarding and were able to discuss with us the different types of abuse and how they report any concerns. One staff member said, "People are safe here, we always check for potential risks, we are constantly on the ball." We saw information relating to safeguarding was available on the notice board in the reception of the home and that the registered manager had raised safeguards when they had concerns.

Some people expressed themselves with behaviours which could cause themselves or others harm. We saw there were plans in place which reflected the behaviour, any possible triggers and how to de-escalate the situation when it occurred. The plans reflected the type of language to be used. For example, short sentences, positive direction and the avoidance of direct questions. Each plan was tailored to the individual and supported by the provider's behavioural therapist and health care professionals. All the plans had been reviewed by the therapist and they were available to support with ongoing developments if required. A health care professional said, "They rely on past information, they work out how to manage people positively. Staff have a good handle on the situation."

During our inspection visit the fire safety officers were present and completing their inspection. They found the home to be compliant with this. We saw people had evacuation plans which identified the support each person would require for them to leave the home if there was an emergency. These had been updated and reviewed when the person's needs had changed.

Staffing was provided in line with people's commissioned agreement which was linked to individual need. We saw when required staffing levels had been reviewed. For example, when one person had not received individual staff support, they became distracted and the situation had the potential to cause harm to themselves and others. Over a period of time this had been reviewed and any incidents had been recorded. This information had been reviewed by health care professionals who agreed that some one to one hours were required to support the person's needs. The registered manager told us, "We keep the staffing under review at all times. It can also work the other way, if a person no longer required a high level of support we look to reduce it." All the staff we spoke with felt there was enough staff. We saw how the staffing was reflective of people's appointments or planned activities. For one person the staff started earlier in the morning as the person was an early riser. This meant there was sufficient staff who worked flexibly to support people's needs.

We saw when new staff had been recruited safely, they completed a police check and references were obtained from previous employers as required. One staff member told us, "I had all the checks completed before I could start."

People were supported with their medicines. We saw that the time of the medicine was in line with people's needs. For example, one person was an early riser and preferred to retire early. Their medicine had been adjusted to fit in with their routine. Other people required medicine to be given 30 minutes before they ate. This meant people received their medicine in line with the prescription guidance. The registered manager

told us they were involved in a project for stopping over medication of people with a learning disability, autism or both with psychotropic medicines known as STOMP. This involved people receiving regular reviews of their medicine and when medicine was used to support people's anxiety or mood we saw it was clearly documented. We also reviewed the storage and stock and found records to support good practice guidance.

Lessons were learned when things went wrong and actions taken to reduce the risk. For example the staff had identified that the medicine blister packs had an error on the packaging, which meant the tablets were moving between compartments. This was raised with the registered manager who contacted the pharmacy directly to have the issue resolved. Everyone's medicine was checked and all staff were given guidance about further checks in relation to people's medicine.

The home was clean and hygienic which reduced the risk of infection. We saw there were cleaning schedules which had been followed and staff used protective equipment like gloves and aprons when they provided personal care or served food. The home had a five star rating from the food standards agency, which is the highest award given. The food hygiene rating reflects the standards of food hygiene found by the local authority.

Good

Is the service effective?

Our findings

When people were assessed for the home a comprehensive assessment was completed. This included researching the person diagnosis or long term condition. For example, one person had a diagnosis that the provider and registered manager were not familiar with. They reviewed detailed information about the condition and the latest evidence-based guidance to enable then to support the person to achieve effective outcomes.

Staff had been supported with training for their role. One staff member told us, "The training is very thorough and I am still being supported with other training and my progress." All the staff received training in restraint. Usage of this was closely monitored, however staff told us and records confirmed that restraint was not used often as staff looked to deflect behaviours. One staff member said, "I have had really good support, if I am unsure I just ask. For example when a person kept repeating a word, I was unsure how to respond. Once the staff told me, I was able to provide that additional support and reassure the person."

People were supported with their nutritional needs. One person had been identified as having a low body mass index. This is a measure that uses your height and weight to work out if your weight is healthy. This person was supported by a dietitian and daily supplements to increase their weight. They had achieved an acceptable weight so the supplements were no longer required. People's weights were maintained and consideration given to the meal planning. People living at the home were involved in the planning of the meals. There was a four weekly menu and people had chosen meals to add to this. A staff member told us, "Often if they have chosen the meal they help make it." When not in use the kitchen was locked for safety, however those people assessed as safe to use the kitchen unsupervised had a key. This meant people's needs and safety was reflected on an individual basis.

People's health care was under constant review. We saw that a range of referrals had been made following a person having completed the behaviour screening tool. This looked at all aspects of the person's needs. For example, from the tool assessment, the person was referred to an occupational therapist to look at supporting the person when walking. A health care professional said, "The information here is spot on, it's all evidence based and clearly reflects a pattern for people. Which in turn makes it easier to provide the advice and support." Other people saw a range of health care professional as their needs required. They were supported at each appointment if family were unavailable or if the person's preference was the staff supporting them. A health care professional said, "They are very proactive here and the contact is very good."

People had been able to personalise their space. One person said, "I can make my bedroom how I want." Other areas of the home were made homely and people could have things they wished nearby. One person enjoyed an 'industrial style' and they had metal cupboards for their wardrobes. Another person enjoyed music and there was a piano in the dining space. The registered manager told us they were considering an extension for part of the home to support one person's needs.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments that had been completed were decision specific and had been used to reflect areas when the person was unable to make the decision themselves. We saw best interest meetings had been instigated with professionals when a decision was required which could have an impact on a person's wellbeing. Staff had received training in MCA and were able to explain to us how it affected the decisions people made. The required authorisation had been sought when a person was restricted, DoLS. We saw when a DoLS had been authorised any conditions had been acknowledged and complied with.

Good

Is the service caring?

Our findings

People had established relationships with staff. One person said, "Staff here are friendly and kind." They added, "I can choose the staff who support me and that's important to me." Staff we spoke with felt it was a lovely place to work. One staff member said, "Every day is different and the people are a pleasure to support." People had been supported to enjoy a holiday. One staff member told us, "It's a lovely opportunity as you see people in a different setting and it can promote their independence along with your relationship.

People were encouraged to be independent. Each person was supported to keep their bedrooms clean and tidy and completed laundry tasks when required. People were also encouraged with daily tasks, for example making their own lunch and cleaning away afterwards. Another person had identified they wished to lose weight and attended a slimming class. Staff supported the person with this and in the food preparation to support weight loss. A relative said, "It's a really good home I have no concerns."

Relationships with family members had been supported. For example, we saw people received phone calls, they had been supported to have skype calls or family visits. A Skype call is a call through a computer which provides a visual link so people can see the caller. We saw also that families were invited to the home and to join the mealtime.

Some people received the support of Independent Mental Capacity Advocates ('IMCAs'). An IMCA represents the interests of people who may find it difficult to be heard or speak out for themselves. We saw the advocate had been involved in the person's decisions and any changes related to their wellbeing.

People's privacy was promoted, whilst their safety was maintained. For example, some people had door sensors to alert staff when a person left their room. This enabled the person to have their privacy and when they required staff support it was available. One person said, "Staff always knock on my door and give me time on my own if I want it." Other people had their own key to their room. The registered manager told us they were in the process of completing the dignity award. The dignity award is provided by the local authority and reviews the way the provider ensures dignity within the home. This is done through a set of criteria and an assessment. All staff were involved, and they had been given different parts of the award criteria so that they could be involved.

Outstanding ☆

Is the service responsive?

Our findings

People's goals and aspirations had been achieved. For example, one person had a love of aeroplanes. The staff member had supported the person to achieve their goal to fly in an aeroplane. They engaged with the family and booked a flying lesson for the family member, with the person as the passenger. On the first planned visit, the weather permitted the flight from going ahead and it was postponed. The staff member persevered and the flight was eventually achieved. We saw photographic evidence of the event showed true delight on the person's face. The registered manager said, "It was a lesson to us all, not to give up at the first hurdle."

People were supported by the care staff to follow interests which were familiar to them and enjoy new experiences. Each person had been supported to achieve the elements in their life they wished. For example, one person had purchased their own summer house. This was within the garden and accessed from the back of the home. The person enjoyed dressing up and presenting as different characters. The summer house became different locations to match the characters. For example, a school or a dentist. The person enjoyed the space and was able to access it when they wished and received staff support for their choice of activity.

Another person had not been able to go out at their previous home, due to incidents which placed themselves and others at risk. We saw how the staff had developed a 'Now and Next' approach with the person which had enabled them to visit the shop, park and other local places. This approach provided the person with a clear concept of the activity they were doing and what happened next to avoid the feeling of anxiety or lack of control. The person was able to express their enjoyment of going out. One staff member said, "Their progress is huge, they have really embraced going out." A social care professional said, "This is a big step for this person. It's all about getting to know them and developing that relationship, which is what they have done." The home used the local facilities, like the shop and park on a daily basis. One staff member told us, "Everyone knows us around here and makes us welcome."

People were able to choose which staff supported them in their daily activities or one off events. One staff member said, "We review each person's activity planner and any appointments and then relate the staffing needs to meet these. We also take into account the staff member the person likes to be with." For example, one person told us they enjoyed Alton Towers with a staff member who liked going on the rides. We saw on a daily basis people had core groups of staff to support them. New staff were introduced slowly. One staff member told us, "[Name] does not respond to me yet, it's just facial expression contact at the minute. It's about waiting for them to come to me." This showed us that the provider respected people's relationships with staff.

There were a variety of communication methods used to support people in a way that they wished. For example, one person used their mobile phone to identify what they wished to do or what they wished to express. A relative said, "Staff are good at communicating, they understand facial expression and body language." One person had been offered the use of picture cards, however felt that approach was childish. The person was able to use technology options for example a mobile phone or a laptop to express their

wishes. They also used hands when there were two options which could be supported by this approach linked to visual prompts. For example, when choosing clothing or different foods. One person had used the technology to express the development of their daily living skills and interests. For example, one person enjoyed cooking and staff told us the person would often find recipes on their mobile phone and then staff would support them to cook the item.

Other people responded to verbal communication, however they would become withdrawn if direct questions were used. We saw within the care plan, guidance on the types of questions to use and we saw staff used this method which generated a positive response from the person. This meant that people could communicate in a way which reflected their individual need and met the Accessible Information Standards (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Assessment of people's diverse needs were in relation to the protected characteristics under the Equality Act 2010. People's diversity and sexuality was considered and identified people's personal preferences and how they wanted to be supported. This included information about how people expressed their sexuality. We saw how some people had been supported to access events like 'Gay Pride'; they had also been supported to attend social environments which supported their sexuality. Staff had received training in equality and diversity and we saw the providers approach ensured people did not experience any discrimination.

People were provided with emotional support following a loss. One person was unable to express their emotions verbally after a bereavement. Following discussions with health care professionals it was agreed to try a 'Memory file'. This file contained pictures relating to the person's life and the connection they had with the person they had lost. The person enjoyed taking photographs of places and people with their mobile phone. We saw staff had supported them to print off the pictures and add captions so the person could read them. The file had been a success and the person had continued to fill the file with ongoing life events. One staff member said, "They love working on the file."

People were involved in the recruitment process, for staff at the home. One person told us, "I ask a question and get to know what they can offer to the job." A new staff member confirmed they had been questioned by this person. The registered manager told us, "It's good as it opens up the person's personality." The provider also held events which promoted learning for the people who used the service. They were called, 'Growing together' these were held every three months and offered information about different areas of care.

There was also an annual fun day which was used to bring everyone together and used as a thank you. For example, last year the fun day was in memory of a staff member who had died and they raised funds for the family's chosen charity. We saw pictures of the event which showed people supporting with the selling of cakes and the games on offer. The registered manager said, "It's nice to have a day for the families and to give something back in different way."

People's care was planned to meet their individual need. For example, when people moved to the home a comprehensive plan was drawn up which reflected all aspects of the person's care. This included history, information from people who knew them well and guidance from a range of professionals. One person had moved from another location and to support their transition, the staff spent time with the person so they could get to know them before they moved to Cecil Road. This meant the persons needs would be supported and the appropriate staff, care and environment could be arranged. This approach had ensure the person settled into their new home with limited disruption or emotional stress.

Care plans had been developed to reflect people's needs. They provided information about what the person liked, disliked and their preferences. These included preferred name, preference for the daily routine and clothing styles. There were references in the care records to aspects of people's care which had been discovered over time. One staff member said, "We are updating them all the time as we get to know people or we discover something they enjoy." Staff told us they received a comprehensive handover when they commenced their shift. One staff member said, "It's so important as the smallest thing can make a difference to the person's behaviour or needs." We saw there was a one page profile which provided a quick read either as a starting point or as a reminder. All the care plans had been reviewed on a monthly basis and any changes had been updated across all the related areas. One relative said, "I attend the reviews and they cover all aspects of the care."

There was a complaints policy available which was available in a written and pictorial format. There had been no complaints since our last inspection. People and relatives told us they would have no hesitation in raising any concerns as they felt it would be dealt with.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. The provider told us they were introducing new paperwork in this area and the registered manager was considering how they could support people in this area.

Good

Is the service well-led?

Our findings

23 Cecil Road had a registered manager who supported two locations for the provider. 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 also had a deputy who provided support to the registered manager.

The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.

In the PIR the provider told us they planned to attain the autism accreditation. The accreditation is a quality assurance programme showcasing the support and development of the service provided to autistic people. We saw this process had commenced. The registered manager told us, "It takes about a year to complete all the elements." One requirement was in relation to training. We saw that staff had started to receive a two day training session on supporting people living with autism. One staff member who had already attended the training said, "It really opened you up to understand autism. Like the impact of sensory things and a broader awareness. We used a virtual reality experience which was challenging, but helped with understanding." The provider had already introduced new paperwork and reviewed their policies.

A range of audits had been completed by the provider and registered manager. For example, incidents, were reviewed monthly to consider any trends. For one person a trend was identified around their menstrual cycle. This lead to appropriate pain relief being obtained and a strategy to identify when the pain could be related to this area. Following this, the incidents reduced. We saw there was a quarterly monitoring report which covered all aspects of the home. When anything was identified in this report, it was addressed and the action signed off once completed.

Staff felt supported by the provider and registered manager. One staff member said, "The support here is spot on." Staff told us they received regular supervision for their role. Another staff member said, "I have a planned meeting, but if I have any concerns I can speak to them." The registered manager told us, "The new directors are brilliant, they take on board your ideas and what's right for the people." There was also an opportunity for the staff to contact the chief executive by email, 'Ask Andrew.' Staff told us when they had used this email facility they had received a response back.

People had the opportunity to comment on the care they received. They had weekly house meetings which linked to their activities and menu planning. Staff knew people well and were able to identify when something was not suiting the person's needs, so they could discuss how to make things better. For example, some people did not like fish, so an alternative was offered.

The provider shared, with all their services, a weekly bulletin. This provided the registered manager with information about a range of areas to support the home and staff knowledge. The communications

provided links to information and directions of how it can be used. For example, the registered manager had received the latest CQC safeguarding handbook. They had printed off a copy to share with staff. Another example was when an inhaler from the manufacturer had been recalled. The deputy told us, "We had a person using one of these types of inhaler so we were able to check to see if theirs needed to be returned." The registered manager and the deputy both told us, they found the information useful.

The provider worked with a range of partners to support people. These included a range of health care and social care professionals. One health care professional told us, "Staff work really well with the people. They place the person at the forefront of what they do."