Voyage 1 Limited

Wellington Road

Inspection report

52 Wellington Road
Taunton
Somerset
TA1 5AP

Tel: 01823334132
Website: www.voyagecare.com

Date of inspection visit:
04 January 2018
05 January 2018

Date of publication:
30 January 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Wellington Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 10 people with a learning disability were receiving care at Wellington Road. They were between the ages of 30 and 56. Wellington Road is a large terraced house over three floors in the centre of Taunton.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People were safe at the service because recruitment, staffing, medicine management, infection control and upkeep of the premises protected people from unsafe situations and harm. Individual risks to people were assessed and managed with as little restriction to the person as possible.

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.

Staff received training and were supported to be skilled and efficient in the roles. Arrangements for staff supervision had been reviewed and improvements made, such as a designated hour for the one to one meetings.

People's legal rights were understood and upheld. People's health care needs were met. A health care professional said they were "Really impressed with the medical care provided".

The premises provided people with a variety of spaces for their use with relevant adaptation to meet their needs where possible. Bedrooms were very individual and age and gender appropriate. Major upgrading to the premises was about to commence to improve people's comfort.

People received a home cooked and varied diet. Some also enjoyed buying 'treats' and eating out on a regular basis.

Staff promoted people's dignity and privacy. Through understanding people's non verbal communication the service was centred on each person as an individual. Staff were kind and caring and people using the service were happy to return to Wellington Road following a period away.

Support plans were detailed and reviewed with the person when possible, staff who supported the person,

external professionals (as necessary) and family members. Staff looked to identify best practise and use this to people's benefit. Staff worked with and took advice from health care professionals.

People had a variety of internal activities (such as arts and crafts) and external activities (such as disco, bowling and swimming) which they enjoyed on a regular basis. Staff said activities for people were "Well thought out".

The registered manager ran a well organised service. People's views were sought and opportunities taken to improve the service. Staff were supervised, supported and were clear what was expected of them. Audits and checks were carried out in-house and through the provider so any problem could be identified and rectified.

The registered manager understood and met their legal responsibilities.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Wellington 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 was a comprehensive inspection. It took place on 4 and 5 January 2018 and was announced. The reason it was announced was so people who would find our visit a challenge, could be informed that we would be visiting and supported if required.

The inspection team included one adult social care inspector.

Prior to the inspection we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Most of the people using the serviced were non verbal and so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also used informal observation.

We spoke with two people's family members, four support staff, a provider representative and the registered manager. We reviewed three people's care records, one staff file, training arrangements and looked at quality monitoring information relating to the management of the service and safety records. We received feedback from one medical professional and saw other feedback from questionnaires the service had received during 2017.

Good

Is the service safe?

Our findings

The service continued to be safe.

People were protected from abuse and harm because staff knew how to respond to any concerns. All staff had received safeguarding training and had access to information telling them how to respond to any concerns. The registered manager had informed the safeguarding team, appropriately, when there had been a requirement to do so. A comment in a letter to the registered manager from the safeguarding team stated: 'Thank you for your full cooperation'. This showed a keenness on behalf of the service to ensure people were properly safeguarded from abuse. Safeguarding concerns were handled correctly in line with good practice and local protocols.

Each person had risk assessments in place to protect them from harm. For example, relating to using the stairs, visiting the community and attending hospital appointments. These were under regular review. Accidents and incidents were recorded, investigated and monitored to look for trends and patterns toward improved safety. For example, following an accident in the community it was decided to relocate the activity to a different building which had more space.

People's family members said they felt people were safe at the service. They had confidence that people's welfare was a priority and staff were competent in the support they delivered. Staff were observed ensuring people were safe, for example, by ensuring people did not have access to kitchen equipment which could pose a risk if they did not understand it's use.

There was an equalities and diversity policy in place and staff received training on equalities and diversity. Staff understood their responsibility to help protect people from discrimination and ensure people's rights were protected. They ensured people had equal access to the community, for example, through an adaptation to one of the service's vehicles. Plans were also in place, and imminent, for a wet room to replace a less accessible bathroom.

There were recruitment processes in place coordinated through the provider organisation. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Staff confirmed that they did not work at the service until all checks had been completed.

People's needs were met through sufficient numbers of staff. People's family members mentioned in feedback questionnaires in October 2017 about the sickness levels which they felt were affecting people's care. People's family members told us during this inspection that this was now much less of an issue. The registered manager said they never worked with less than four support staff on duty in the daytime and preferably five or six. Staffing shortages were managed through existing staff, bank staff or staff from sister homes in the area. Staff employed included 15% more than needed from care hours so that holidays, training and sickness could be more effectively managed. Staff said that, when there was no sickness the

staffing numbers were sufficient to keep people safe.

The registered manager had flexibility in how she used staffing hours. For example, to enable people to attend activities. Building works were about the start on the premises and it was decided that additional staff were to be made available to support people at that time.

The registered manager said there was one staff vacancy. They described how excessive staff sickness had led to additional support for the staff and, where necessary, performance management so that staffing was now more consistent.

People were protected from infection. The premises was clean and fresh. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the service. For example, washing machines had a sluicing and hot wash cycle. There was an infection control policy and the staff received appropriate training in infection control and food hygiene.

The premises were well maintained through a programme of maintenance and servicing. For example, gas, electricity and water checks were carried out in accordance with the level of risk. A maintenance person was available from the provider organisation. Records showed routine checks on the premises and actions taken to correct any issue of concern.

Vehicles used by people using the service were safe to transport people. There were arrangements in place for on-going maintenance of the vehicles which were leased to the provider organisation. General and specific risk assessments were in place, for example, relating to use of a wheelchair.

There were arrangements in place should an emergency occur. For example, there was a plan which included relevant contact details for emergency maintenance and each person had a personal evacuation plan, should this be necessary.

The arrangements for medicine management protected people and there had been no medicine errors. No person using the service was able to manage their own medicines because of the degree of their disability and so senior staff trained in medicine management did this for them. Detailed protocols informed staff when medicines could be given and under what circumstances where these were 'as required'. Medicine records were clear and complete and regular audits ensured medicines were kept and administered safely.

People's finances were protected. People's allowances were kept securely on their behalf, with daily and weekly balance checks in place and detailed record keeping, checked by the registered manager and a provider representative who visited on a regular basis.

Good

Is the service effective?

Our findings

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

People's family members said, "The care (the person receives) is very good" and "I'm very happy about the care". People's ability to communicate was affected by their disabilities but the staff were able to understand verbal and non verbal communication and provide for their needs quickly and effectively.

The service sought appropriate health care in accordance with people's medical needs. For example, from a GP, dentist, chiropodist and epilepsy specialist. Some people used alternative therapy. When a person had symptoms of illness the service sought medical advice at the first opportunity. A medical professional said "I am really impressed with the medical care provided". A person's family member said "(The staff) are proactive with health care". Each person had a health care file which included a health care passport with information relevant to their support needs, should they require admission to hospital.

People were cared for by a staff team who had the skills and knowledge to effectively meet their needs. Staff received regular training in all subjects relating to providing safe and effective care. Mandatory training was planned and organised through the provider. Training included all aspects of health and safety and subjects of relevance to people's individual conditions, such as autism awareness, basic life support, communication and fluids and nutrition. Staff said they found the training provided the information they needed to be effective and skilled and they were encouraged to undertake qualifications in care once their probation period was completed.

Staff received a detailed and thorough induction, including, for staff new to care work, the nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles. One staff member said how they shadowed an experienced staff member when new to the service and found this very helpful. This all helped to make sure new staff had the basic skills and knowledge to safely care for the people who lived at the service.

The registered manager had just instigated a new system for staff to receive regular one to one supervision of their work. Staff would be given notice of the supervision so they could think about what they wanted to discuss. Their performance, strengths and any weaknesses would also be included. The records would remain confidential between the supervisor and supervisee unless there was a possibility of performance management, if concerns were identified. A staff member said each supervision would last an hour and would be a dedicated time for them to discuss their role. They said this showed the staff member was respected and of value.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). No person using the service had capacity to make all necessary decisions relating to their care and support. The MCA provides a legal framework for making 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. Staff at the service understood this and people's family members and a medical professional confirmed they were involved in best interest decisions.

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 interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There had been a DoLS application for each person using the service for their protection and some legal authorisation had been agreed and put in place to lawfully deprive people of their liberty. The registered manager had a system for ensuring they reapplied for authorisations in good time for them to be reviewed.

Restraint was not used at the service. Staff said that they received training in how to help people manage their behaviours and de-escalate any situation which had the potential to cause a person harm. Each person had an emotional and behavioural support plan. These plans gave staff the information and guidance they required to appropriately support people. The provider organisation employed a behavioural therapist who supported staff in this work.

People were supported to receive a nutritious diet and enjoy food. A staff member had researched healthy food options and the service had sourced some plates which showed healthy portion sizes. This was to help people maintain a healthy weight. Main meals during our inspection were steak and mushroom pie and chicken and chorizo with crusty bread. Meals were prepared and cooked by the staff; one person using the service liked to help occasionally. Where people needed assistance this was provided. People also shopped to buy snack foods and had regular opportunities to eat out. One person's family member said "(The person) received a pretty good diet and they get the assistance they need to eat".

People's diverse needs were promoted through the way the premises were used. People had a variety of spaces in which they could spend their time and their bedrooms were much personalised. For example, one person had a piece of gymnasium equipment in their room which they used a lot and air conditioning was installed where a person disliked too much heat. Some people were able to use pictorial signage to provide them with information. This included menus and photographs showing which staff were on duty.

Good

Is the service caring?

Our findings

The service continued to be caring.

People's family members complimented the staff on the care they provided. Their comments included "The staff are very kind", "The staff are a very caring bunch there" and "It's a special place". They confirmed that family members were able to spend time with people and were always welcomed at the service. They described (the people) as being "Very settled", "Always treated like a friend" and said it was "Open house, more or less". This gave people's families reassurance and helped to maintain family relationships.

A medical professional said there was a lot of respect and dignity afforded people using the service. Each person had a key worker who oversaw their care, ensuring their care records were up to date, that the person had all they needed and they liaised with their family. Understanding people's methods of communicating helped staff know how the person was feeling and what they needed. There were several examples of this, such as recognising when private time or personal care was needed.

People using the service were unable to verbalise their views but some staff had supported them since leaving children's services and knew them very well. Views from people's family members and health and social care professionals were sought through questionnaires and actions taken to address any issues. For example, relating to the flooring in parts of the premises which had since been replaced.

Staff were observed engaging with people in a kind and respectful way. For example, fetching a person a blanket, asking what activity a person wanted to do next and helping a person maintain their dignity by helping them use a tissue.

Staff had shown empathy and kindness when supporting people who had been bereaved. Staff had discussed the best way to help the person understand the situation and how to provide the necessary support in a consistent way. The registered manager said how hard the situation had been but the discussion and planning had smoothed the way for the large change in that person's life. A medical professional said the registered manager always ensured they were at the service to support people and staff at difficult times. The provider organisation also had independent staff support arrangements in place.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People using the service had lived there for very many years. Each had a support plan and health care file, which was regularly reviewed, taking into account the person's wishes and information from people who knew them best, such as family members. Support plans make sure that staff have all the information they need to provide care and support which is personalised to the individual. The registered manager said the format for support plans was to be improved which they felt would help them to include more information relevant to providing a high standard of care and support. Current support plans were well organised with information easy to find and containing in-depth information relevant to the person. For example, what made the person happy and what might cause them distress and how to minimise that possibility. Each person also had a yearly review which included people relevant to their care. A medical professional said they got together with the registered manager once or twice a year to discuss each person using the service. They described good communication between the service and the GP surgery.

People were supported to enjoy an active lifestyle. People had opportunities for meaningful occupation in accordance with their abilities and interests. For example, one person liked to bake and help in the dining room for which they were paid a weekly wage. People had one to one outings, went bowling, swimming, to a disco, for pub trips, and out for walks. One person's family member described them receiving holistic therapy. People's art was displayed around the service. New ideas were tried, for example, themed food was planned for evening meals. The registered manager said they wanted the theme to start early in the week, for example, through art, and then end in a meal relevant to that theme. They showed us the new design of pictorial activity planner. Where people did not like to mix this was respected. People were able to meet with friends at regular disco evenings.

Staff respected the wishes of people who required end of life care and worked hard to meet their needs without the person leaving their home and the people they knew. Staff liaised appropriately with health care professionals such as hospice nurses. A medical professional said the service was able to "Provide a nice combination of calling us when needed but looking after the day to day needs of people very well". One person's family member said they were especially pleased that the person would not have to leave the service. They said they had "Worked together with staff" toward the treatments the person required, adding "Any concerns and the (registered manager) responds immediately".

When a person was very unwell we saw them visited by staff every half an hour to see if they needed anything and to provide them with emotional support. Staff expressed a lot of concern for the people in their care.

Staff knew people well enough to recognise if they were unhappy for any reason but staff said that people would be unable to verbalise any complaints or concerns. However, there was pictorial information displayed showing people how to make a complaint. People's family members said they had no concerns about talking to staff or the registered manager and, if necessary, would feel able to complain. No

complaints had been received by the service and the Care Quality Commission had received no complaints.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

There was a registered manager at the service. They were registered with the Care Quality Commission in June 2014 but had worked for the provider organisation for many years previously. 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 organisation vision and values were set out in a statement of purpose. They were: empathy, together, honesty, outstanding and supportive. A medical professional said the registered manager set the standards at the service and led by example. Staff said the service was well-led because there was good communication, they were fully involved in shaping the service, concerns were dealt with immediately and people's activities were "well thought out". This had led to people's lives being improved, for example, having a theme from which to plan arts and crafts and the menu. Other examples included the planned wet room and more in-depth staff supervision so staff were better supported in their role.

Feedback about the service was sought through questionnaires which included staff, professional visitors and people's family members. People using the service were able to shape the care received through their choices and from family member involvement. Some staff had supported individuals for 17 years and knew them from when they moved into adult care services. They had very good insight into the person as an individual and understood what mattered to them.

Regular staff meetings kept staff up to date and gave them another route for their views and ideas. For example, at a senior's meeting in November 2017 it was decided to provide a communication book or flyer to keep family members updated on what was happening at the service, such as upcoming events.

The quality of the service was monitored and improvements planned. For example, following the feedback from the 2017 questionnaires an improvement plan was put in place, with three dates for progress reviews. Where necessary staff performance was monitored and action taken.

The registered manager looked for ways to improve people's lives and the service, for example, new activities planners were ready to be introduced, a different venue was to be used for the disco and a fitness trainer had come to the service for a trial activity with people. The premises was about to receive major improvement works, including all windows replaced.

There were systems in place for auditing and monitoring the service. For example, audits of medicine management and risk management. Regular visits and monitoring audits from the provider organisation included: financial records, safety in the premises, staff files and how well people were being supported. These helped to make sure people received a good standard of care and support which was in accordance

with up to date good practice guidance.

The service worked in close partnership with other agencies. For example, the local authority had thanked the registered manager for their cooperation with regard to safeguarding adults, end of life care was planned and monitored in partnership with a hospice service and a medical professional said they had meetings with the registered manager to review each person's medical needs. This meant that the expertise necessary for a high standard of care and support was sought and put into practice.

The registered manager was supported through the provider on line systems, such as reporting maintenance issues, through regular contact with their line manager in the organisation and through the recent recruitment of a deputy manager.

The registered manager understood and complied with their Duty of Candour and understood and met their regulatory responsibilities.