

Voyage 1 Limited

52 Porthcawl Green

## Inspection report

52 Porthcawl Green  
Tattenhoe  
Milton Keynes  
MK4 3AL

Tel: 01908507149  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
30 August 2023

Date of publication:  
27 September 2023

## 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

52 Porthcawl Green is a care home providing personal care to up to 3 people. The service provides support to people with learning disabilities and autism. At the time of our inspection there were 2 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

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 received care and support to maintain a clean environment that was suited to their needs and preferences.

Staff supported people to make decisions following best practice in decision-making. People were supported to carry out their daily living activities and pursue their hobbies and interests.

Staff supported people to access health and social care services. Staff supported people with their medicines safely and in their preferred way.

### Right Care:

People received care that was person-centred, and dignity, privacy and human rights were promoted.

Staff communicated with people in ways that met their individual needs.

People received kind and compassionate care. Staff understood and responded to people's individual needs. They protected and respected people's privacy and dignity.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service employed skilled staff to meet people's needs and keep them safe.

People's care plans reflected their needs and wishes and promoted their wellbeing. Risks that people may

face were appropriately managed.

Right Culture: The ethos, values, attitudes and behaviours of the registered manager and staff team ensured people lead confident, inclusive and empowered lives.

People received good quality care and support because trained staff and specialists could meet their needs and wishes.

People and those important to them, including social care professionals, were involved in planning their care. The registered manager and the staff team ensured people received support based on best practice, respect and inclusivity.

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 the service under the previous provider was Good, published on 20 December 2017.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 52 Porthcawl Green on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# 52 Porthcawl Green

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

52 Porthcawl Green is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 52 Porthcawl Green is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in to support the inspection.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection we met 2 people living at the service. We also made contact with 1 relative of a person using the service. We spoke with 3 care staff, the registered manager, and the operations manager. We looked at 2 people's care plans, 3 staff recruitment files, and range of other records including audits and health and safety records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported safely within the service. Staff understood the signs of abuse and how to report them. Policies on safeguarding and whistleblowing were in place.

Assessing risk, safety monitoring and management

- Risks present within people's lives had been assessed to ensure that staff could work safely with people. This included risks around healthcare needs, the environment, and people expressing distressed behaviours. Staff told us they were confident supporting people and were not asked to undertake any tasks they were not trained for.

Staffing and recruitment

- Appropriate recruitment checks were in place. This included ID checks, employment references, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on shift to support people safely. We saw that people received the support they needed from a consistent staff team.

Using medicines safely

- Medicines were administered safely by staff who were trained to do so. Where medicines were required to be administered on an as and when basis, we saw that suitable protocols and permissions had been put in place and adhered to.
- Medicines administration records (MAR) were used accurately to document any medicines that were administered. Records were reviewed and monitored by management to ensure any errors were found and acted upon.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Systems were in place and being used to record any accidents or incidents. This included analysis of any events, to ensure that lessons were learned. Staff we spoke with told us they regularly discussed any incidents that occurred, to identify potential causes, and reduce the likelihood of recurrence.



# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good: 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's needs were thoroughly assessed. The registered manager told us that anyone new that might move in to the service, would be assessed to ensure their needs could be met, as well as being compatible with the people already living at the service.
- The registered manager told us that the service would ensure that staffing could be adequately assessed before any support to new people was agreed.

Staff support: induction, training, skills and experience

- People received support from staff who had the knowledge and skills to support them effectively and safely. Staff told us they received training they needed to meet people's needs, which included strategies to support people who may display distressed emotions.
- Staff told us they had a robust induction period when starting work, which allowed them to get to know people, the specifics of the support they required, and how other staff worked alongside people. This included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Records showed that staff had completed a variety of training subjects to ensure they could work safely and effectively with people.

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

- People were encouraged to maintain a healthy diet, and were offered choice with the food and drink they had. There were no specialist dietary restrictions or cultural requirements for people at the service, but staff understood people's likes and dislikes.
- A detailed pictorial menu was available to ensure people could be offered choice and understand what was being offered, to make informed choices.

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

- The service was a small house which was well maintained and suitable for people's needs. People's rooms were personalised to taste, and communal areas were setup for people to use, as well as outside space.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health care needs were met, and staff were well informed about what people needed in this area.
- We saw evidence that people received prompt support from outside professionals including dentists and

specialist nurses, as and when they required.

- Care plans were clear about people's needs. For example, there was clear guidance for supporting one person with managing their epilepsy. This information was reviewed regularly and updated as required.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was supporting people who lacked capacity to keep themselves safe at all times. We saw that appropriate legal authorisations had been gained, and staff worked in the least restrictive way possible.

# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good: 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 were supported by staff who were kind and caring in their approach. One relative told us, '[Name] appears happy and looks well cared for. The home seems to be friendly and all the carers I've meet seem helpful. We have no concerns and are happy with [name's] care.'
- We observed staff interact with people in a positive way, offering choice, and giving people the time they needed to communicate.
- Care plans we saw were written in a professional and positive manner, and reflected people's personalities, as well as the care tasks that were required. They featured information about what people were good at, what people liked about them, and their likes and dislikes.

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

- People were supported to make decisions as much as they were able to. When people were not able to make decisions, we saw that professionals and family members were consulted.
- Care plans clearly documented people's communication styles and needs, and guided staff in how to help people make decisions about their daily care. Staff we spoke with understood people's needs well, and knew to offer choices to people in the correct way.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location. Staff were aware of keeping information safe and data protection.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good: 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; 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

- Care was personalised and met people's needs and preferences. We saw that care plans contained information about people's personal history, preferences, and skills.
- There was a keyworker system in place which meant that people had a staff member assigned to them, to take a lead in setting goals and ensuring they had what they needed. Staff worked with people in setting goals, for example, personal care tasks and routines, and shopping tasks.
- Staff understood people's abilities and worked with people to promote independence wherever possible.
- People were able to take part in activities that were meaningful to them. This included regular attendance at day time activity centres, as well as activities within the home. A relative told us, 'They [staff] have taken [name] away on short breaks and organised a party BBQ for their birthday.'
- People were able to express themselves freely and staff understood what people liked. For example, one person had a favourite colour, so their bedroom and many of the items that were in it, were all of that colour.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided with information in accessible formats. This included pictorial information for people to make choices.

### Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with formally. We saw that when complaints were made, a detailed record was kept, and actions were taken to address issues promptly.

### End of life care and support

- There was no requirement for any end of life care at the time of inspection.

# 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 our last inspection we rated this key question Good. The rating for this key question has remained 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

- Staff told us there was a positive culture and morale within the service. One staff member said, "It's a good management team, operations and regional, they check everything and touch base." Another staff member said, "The provider is good with training, they always alert you to make sure you are up to date." Another comment was, "The registered manager is easy to approach. It's a well run service"

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 maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.

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

- The registered manager understood their role and the needs of their staff team. Staff were clear about their responsibilities, and who to report to if they had concerns.
- Quality assurance systems and checks were in place to maintain oversight of the service and drive improvements as required. This included operational and regional managers visiting the service and conducting reviews. The management team completed a range of audits to make sure the service was meeting people's needs.

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

- We saw that people were engaged with by staff and offered choice. Records showed that people's care was regularly reviewed and updated according to any changes in preference.
- People's relatives were consulted about their views on their family members care. We saw that positive feedback was gained from relatives.
- Staff used team meetings to discuss any updates within the service. Staff we spoke with told us they felt able to raise any concerns in a team meeting environment.

Working in partnership with others

- The managers and staff were open and honest during our inspection, and open to feedback we gave.
- The service regularly worked in partnership with other agencies and health professionals to ensure people had consistent and joint up care.