

Voyage 1 Limited

Voyage 1 Limited - 358 Worting Road (The Whispers)

Inspection report

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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

We carried out this inspection on 27 November 2014. It was unannounced, which meant that people, staff and the provider were not aware we would be visiting.

Voyage 1 Limited – 358 Worting Road (The Whispers) provides residential care for up to eight people with learning disabilities, and for people with learning disabilities requiring care and support in the community. At the time of our inspection eight people lived in the

home, and two other people were supported to live in their own accommodation in the local community. The home consisted of two floors, with ensuite bedrooms and a communal bath or shower room on the first floor. Communal areas on the ground floor included the kitchen, lounge and dining room. Stairs provided access between floors, and handrails provided support for

Summary of findings

people to access all areas of the home. All the people living in the home were able to use the stairs safely. People also had access to the fenced garden, with seating, a barbeque and vegetable patch.

The service has a registered manager in post. 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.

People's safety was promoted because staff understood and followed safe practices. They were able to identify signs of abuse and understood how to report their concerns should people be at risk of abuse. The provider had identified risks affecting people's safety and had put appropriate measures in place to reduce the risk of harm, including when people's behaviour put them or others at risk.

People were supported by staff who were of good character and appropriately skilled. The provider implemented effective recruitment processes and had undertaken the relevant employment checks. Sufficient staff were employed to meet people's needs and wishes. People received their medicines safely. The provider ensured medicines were stored, administered and disposed of appropriately.

People were supported by trained staff who had the skills and knowledge to meet their needs effectively. Specialist training was provided to enable staff to support people's specific health needs. Staff received the support they needed to share good practice, raise concerns and develop their understanding of the support people required.

The provider involved health and social care professionals when necessary, and followed their advice

and guidance. This included making decisions on behalf of people when they lacked the mental capacity to make decisions for themselves about important matters. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider had followed the correct process of submitting applications to the local authority for a DoLS where it was identified this was required to keep people safe. At the time of the inspection the provider was awaiting the outcome of a DoLS application for four people.

People were supported to maintain a healthy diet and eat safely. Risks that may affect people's nutrition and wellbeing, such as choking, were identified and managed effectively. People's health needs were met. Those with medical conditions were supported to attend health monitoring appointments. People received routine health checks so that any health concerns could be identified early and plans put in place to keep them healthy.

People were supported by caring and respectful staff. They appeared happy and content in their home. Staff understood people's wishes and preferences, and took care to meet these. People were supported to maintain relationships that were important to them.

People were involved in the running of the home. Their views were gained through meetings and surveys, and care was reviewed and updated in response to people's comments, wishes and needs. People were supported to attend activities of their choice.

The registered manager was respected and valued by people, relatives and staff. The values underpinning people's care were shared and displayed through staff actions. Regular quality and risk audits ensured issues affecting people's care had been identified, and actions were taken to drive improvements to the quality of care people received.

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.

People were protected from identified risks that may cause them harm. Checks within the home ensured people were not at risk from faulty equipment. Staff understood actions to take to keep people safe in the event of emergencies.

When people's behaviour put them or others at risk they received positive behaviour support over restraint whenever possible. When people had to be restrained to keep them safe this was done safely and proportionally.

People were supported by sufficient levels of staff to meet their needs safely. Checks ensured staff employed were of a suitable character to care for people safely.

Good



Is the service effective?

The service was effective.

Staff received training that informed them of how to support people effectively and safely. Regular supervision meetings and evaluation of training ensured staff understood how to implement their learning.

People were involved in effective decision-making, because staff understood how to support them. Where people did not have the mental capacity to make specific decisions, records demonstrated that the principles of the Mental Capacity Act 2005 were followed to make lawful decisions on their behalf.

People were supported to maintain a safe and healthy diet. Guidance from health professionals was followed, and people were supported to access health care in accordance with their needs.

Good



Is the service caring?

The service was caring.

People were happy in the home. They sought comfort and companionship from staff. Staff treated people with respect. They enjoyed spending time with people, and took care to meet people's wishes and preferences.

Relatives were welcomed, and staff ensured people were supported to maintain relationships that were important to them.

Good



Is the service responsive?

The service was responsive.

People were supported to attend a wide range of activities of their choice, both in the home and local community. Staff discussed people's choices and interests with them, to ensure they wished to continue with planned activities.

Good



Summary of findings

People's care plans reflected their needs and preferences. They were individualised, and had been reviewed with people or those important to them to ensure they were responsive to their needs and wishes.

People's feedback was welcomed and supported through regular meetings and annual surveys. People and relatives understood how to raise concerns, and were satisfied that complaints were dealt with satisfactorily.

Is the service well-led?

The service was well-led.

People were supported by staff who understood and lived the values underpinning people's care.

Relatives and staff stated the registered manager led the home effectively, managed staff well and understood the people in their care.

Audits were used to monitor and drive improvements in people's quality of care.

Good



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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 27 November 2014 and was unannounced. The inspection was conducted by one inspector. Before the inspection we reviewed the information we held about the home including previous inspection reports and any concerns raised about the service. We also looked at notifications sent in to us by the registered manager, which gave us information about how incidents and accidents were managed.

We had not requested a Provider Information Review (PIR) for this inspection. A PIR 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.

During our inspection we talked with two people who live in or otherwise use the service and four people's relatives. We also spoke with the registered manager, the operations manager, and three care workers. Some people living in the home were unable to tell us about the care and support they received. We spent time observing the care and support these and other people received throughout the day, including activities, mealtime support and the administration of medicines. This helped to inform our views of the care people received.

We looked at four people's care and support plans, including their health files, and four staff recruitment files and supervision records. We looked at all staff training records and the working roster for October 2014. We also looked at a selection of policies and procedures, and records relating to the management of the service. We considered how information gathered and quality assurance audits were used to drive improvements in the service.

Is the service safe?

Our findings

One person told us they felt safe with staff, and relatives were satisfied that people were safe in the home. People were protected from abuse because staff had a good understanding of how to keep people safe. Staff were trained to recognise signs of abuse and were able to explain how to care for people safely and report actual or suspected abuse. One senior care worker explained they had led a training session recently on the provider's 'See something say something' safeguarding policy. There was guidance on display for staff to refer to. Staff were confident that action would be taken if abuse was reported to the manager.

People were supported to stay safe. Care plans identified the risks to people's health and wellbeing. Where needed, people had agreed to behavioural plans to keep them and others safe in the home. Staff understood people's behaviour triggers and people received positive behaviour support over restraint whenever possible. We observed people being supported in a consistent manner when staff responded to behaviours that may affect the person's or others' safety. At times people needed to be restrained to keep them and others safe. Staff spoke with confidence on the use of the restraint techniques, and had regular training to be able to implement them safely.

Accidents and incidents were reviewed monthly to reduce the risk of repetition. Triggers and actions were considered to inform learning, and this learning was shared with staff to promote safe ways of working. All restraint incidents were reviewed, to ensure they were implemented appropriately and people's dignity and rights protected.

People were supported to safely access activities in the community. People and staff worked closely together to understand the support a person required to stay safe when going out and using transport. This support was noted in people's care plans. Staff followed the actions identified in people's risk assessments and ensured they attended their activities safely.

People were able to access all areas of the home and garden and were supported to stay safe when at home. Some areas of the home, such as the laundry, posed potential risks to people, as it stored harmful chemicals.

These areas were protected with a keypad lock to ensure people were not placed at risk. People were encouraged to assist with the laundry, and were able to access the laundry with staff support as they wished.

Regular checks and tests were completed to promote safety in the home, such as weekly fire alarm tests and external checks of firefighting equipment. Risk assessments were completed by competent professionals to ensure people were protected from the risks posed by asbestos and legionella disease. People had been protected from risks caused by faulty equipment. Equipment, such as electrical appliances, had been serviced in accordance with the manufacturers' guidance. Staff told us repairs were prioritised in accordance with risk or urgency. A leak in the bathroom had been repaired promptly. Staff told us repairs were "Done in good time".

To ensure people were safe if an emergency should occur, staff kept emergency equipment in good working order and key information at hand. A 'grab box' was stored by the stairs for easy access. It contained equipment and records required in an emergency, such as copies of people's medication administration records (MAR), torches, warming blankets and mobile phones. At the time of our inspection the phones were being charged.

Staff told us they were "Very safety aware", and records showed that they regularly completed fire drills to manage a safe escape from the home should this be required. The home's continuity plan detailed the roles and responsibilities of staff to deal with emergency situations, such as severe weather or health-associated illness. Staff were able to explain safety procedures, such as the fire escape plan, to us.

Staff told us there were sufficient numbers of staff to meet people's needs. They spoke of staffing pressure in the past and told us the provider had taken action to recruit more staff. One care worker said "There is much more one to one care now". The registered manager told us that a lot of new staff had started to work in the home during 2014, and this had unsettled people. They described a period of "Two way learning" as people and staff got to know each other. They felt staffing levels were appropriate to support people safely, and were sufficient to allow people to attend the activities they wished. We looked at staff rosters for the month of October 2014. We saw that staffing levels were

Is the service safe?

sufficient to meet people's identified needs. The registered manager had covered some shifts to ensure that people were able to attend all their planned activities, including planned holidays.

The provider operated effective recruitment procedures and people were supported by staff suitable to their roles. People were involved in the recruitment process and asked questions as part of an applicant's interview. The registered manager observed how applicants responded to people. They used their observations to judge whether applicants had the required skills and approach to support people appropriately. Relevant employment checks, such as evidence of identity, criminal record checks, references to demonstrate the applicant was of suitable character, and employment history, had been undertaken.

People received their medicines safely. Medicines were stored in locked cupboards, and the medicines room was also locked to protect people from harm. Monthly

deliveries were checked against people's MAR to ensure the correct medicines had been supplied. The process ensured discrepancies could be addressed before people required the medicines. Medicines were kept at the correct temperature, and this was checked and recorded daily. Records showed expired and spoiled medicines were logged and disposed of in a safe manner, through the pharmacy.

Staff liaised with the GP to ensure they understood the reason for prescriptions, and were aware of any adverse side effects. Daily checks and monthly medicines audits ensured errors were identified promptly should they occur. Staff received training and had to pass a competency assessment before they were allowed to administer medicines to people unsupervised. These checks and training ensured that people received their medicines safely.

Is the service effective?

Our findings

People were supported by staff who had been trained to meet their needs effectively. All staff had completed the provider's required training, including specialist health training, such as managing epilepsy and cerebral palsy. Staff received recognised training in the use of restraint techniques to understand how to restrain people appropriately when needed. Care workers told us they felt confident responding to people's behaviour as they had practiced their skills to do so. Some of the people in the home had autism. Staff had received training in autism and understood how a consistent approach could impact positively on people.

Staff refreshed their learning regularly to ensure they remained up to date with current care practice. Staff spoke positively about the training provided. Comments included, "Very thorough" and "Lots of training, on line and face to face". The registered manager discussed training with staff to ensure they understood how to put their training into practice. One care worker explained how training had been adapted to support their way of learning. Following their training, they had changed aspects of their practice as they now understood the potential impact this had on people's wellbeing.

New staff were supported through their induction to develop the confidence, knowledge and ability to meet people's needs. One new care worker described how they had shadowed experienced staff for several weeks while they got to know people. This had given them the confidence to work with people effectively. They told us they had been supported by colleagues and the registered manager to develop skills, stating "Staff explain things sensitively, and suggest changes".

Staff received support to enable them to undertake their roles effectively. Supervisions were held regularly and all staff had appraisal meetings booked. Staff described them as a helpful discussion, in which they could raise concerns and set targets to develop their skills. They said "Niggles are picked up quickly". Team meetings were used to discuss policies, and learning from training were assessed through quizzes. Ideas were shared and developed to inform staff practice.

People were assisted to make decisions about their care and support needs. Each person's care plan included a

decision-making profile. This was used by staff to support them to make decisions when they had the mental capacity to do so. People were supported to make decisions at the time of the day and in the format that best supported their decision-making ability. For those people who required support to understand information, pictures or objects were used to aid their participation.

Where people did not have the mental capacity to make specific decisions, the registered manager followed the principles of the Mental Capacity Act 2005 (MCA). Staff understood their obligation to support people's freedom and independence. People chose how they spent their time and were offered choices of meals and drinks. Mental capacity assessments had been undertaken when there was doubt about a person's ability to make decisions about their care or treatment. When people lacked or had variable capacity, care was provided in their best interest following the principles of the Mental Capacity Act 2005 (MCA) with the input of relatives and professionals that knew the person well.

Staff had completed training to understand the MCA and its associated legislation, the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the MCA and are designed to protect the interests of people living in a care home to ensure they receive the care they need in the least restrictive way. The registered manager had submitted an application for all eight people supported at the home.

Some people could not safely access parts of the home unsupported. These restrictions were only used when necessary and reviewed annually. Where less restrictive options were available, like movement sensors, these had been used to alert staff instead of staff constantly supervising people.

People told us they chose what they ate, and were involved in menu planning, shopping for and preparing ingredients. They ate at times and in places that they chose. Some enjoyed eating together, while others chose to eat in their rooms. People were able to dine out when they wished, and told us of their favourite meals when out. Staff understood each person's dietary needs, and supported them to eat healthily. Healthy eating plans for people were displayed in the kitchen to remind people of healthy options. Staff understood risks to people's health through inappropriate diet. Staff followed guidance to ensure people were protected from risks such as choking by reminding people to cut their food up or eat more slowly.

Is the service effective?

One person told us they could see their GP “When I need to”. A care worker told us liaison with health professionals, such as the GP, dentist, speech and language therapist and psychologist worked well. Health professionals responded quickly when staff required appointments or guidance. Records demonstrated that guidance was followed, and appointments planned and kept. People’s health and wellbeing was effectively managed. For example, we saw

that one person had been referred to a psychologist to support them with their anxieties. Staff had completed behavioural charts, and taken actions to support the person in accordance with the psychologist’s guidance. Records demonstrated that the actions taken were effectively supporting the person to manage their anxieties. People received effective care and support to manage their health needs.

Is the service caring?

Our findings

People appeared happy and contented in the home. They readily approached staff for support and comfort, and sought staff to share moments of happiness. Relatives spoke positively about staff. Comments included “The staff are lovely”, and “They get to know them [the people in the home] well. The men there are all happy, I know they are looked after well”. One relative told us their initial misgivings about the young age of staff were unfounded, and described staff as “Very respectful” of the people they cared for.

The day of the inspection was filled with laughter as people and staff spent time together. A care worker told us “I’m so proud of what they do”. Staff took delight in people’s achievements, and enjoyed the company of those they supported. A relative told us people were “Encouraged to do things. Staff find out what they want”. Staff told us they supported people to develop their independence. One care worker explained “We encourage them to do what they can” in areas of their daily care, such as making drinks and meals, and getting dressed.

The registered manager told us “It’s our habit to promote independence”. We observed people were supported to prepare their breakfast in the morning, and chose items as they wished. One person chose soup for breakfast, and porridge. When they asked for more milk this was provided and staff reminded them to allow their porridge to cool before they ate it. People’s choices were respected, and staff understood how to communicate effectively with people to promote their independence and wellbeing.

Staff referred to people as “Our gentlemen”. People’s dignity and privacy were respected. Staff knocked on people’s doors and waited to be invited in. Staff were

patient and kind with people. They took time to explain things to people, such as planned activities or meal options. They allowed people time to consider information and make their views known, to ensure they cared for people as they wished. A relative told us staff involved them in their loved one’s life, and described their attention to “Everything” as “Quite astounding. Staff commitment is unbelievable”.

People’s care plans included information to help staff understand what was important to them, and how they wished to be supported. This gave clear guidance for staff to follow, and we observed they did so during our inspection. One person had chosen to have a lie in on the day of our inspection. When they got up, staff supported them to get their breakfast, then discussed with them if they wanted to go to the day centre. They explained that there was not enough time for them to have a bath and get to the day centre on time. The person was happy with the choices offered, and staff followed their preference.

One person returned from a shopping trip, and proudly showed staff their purchases. Staff admired their new clothes as they modelled them. This person felt valued because staff treated them with respect and dignity. Staff joined in with people during a sing along. People were encouraged to participate, but their choices to do so or decline were respected. They enjoyed the fact that staff joined in singing with them.

People were supported to maintain contacts that were important to them. Relatives told us they could visit at any time. One relative was visiting at the time of our inspection. They told us they were welcomed into the home, and staff helped with transport to facilitate visits when this was required.

Is the service responsive?

Our findings

One person said “Staff listen to what I want”. They told us how staff supported them to do the things they wanted, including accompanying them on trips. People had access to transport to get to their chosen activities. A bus timetable was displayed in the home and vehicles were available so staff could take people to activities.

Staffing levels meant that people were usually supported on a one to one basis. Although people’s needs did not require this, the registered manager explained that people responded well to this level of support, and it reduced people’s anxieties. One care worker described people as “Motivating” to work with, as they were always keen to be active.

People were engaged in meaningful activities of their choice. One care worker said “We meet what’s planned, but it’s their choice.” Each person had an activity plan with the activities they enjoyed and these were reviewed as their preferences changed. People used pictures to help staff understand their choices. A range of activities in the home and the community had been arranged daily. People were able to go for walks, to the pub or cinema, or complete arts and crafts in the home. Entertainers visited to provide further activities, such as music sessions. Adjustments had been made to enable people to do the things they like when home. A dedicated table was set up for jigsaws, and the garden included a vegetable plot. Several people were supported to grow and pick produce on a local allotment which was then used in meals prepared in the home.

People were involved in decorating the home. They chose furnishings and colours for walls, and each person had decorated their room to reflect their personal tastes. A notice board displayed pictures of people and staff. We observed people referred to this to understand where people were, and to decide which staff they wanted to support them to attend activities and outings.

People’s care plans were personalised and detailed. As well as noting people’s health and care needs, they provided guidance for staff on how to support people to achieve what they described as a ‘good day’. They noted the

importance of maintaining people’s dignity and promoting independence, and detailed actions to reduce anxieties and promote wellbeing. Each person’s method of communication was clearly explained, to ensure people were supported by staff who understood their needs.

Care plans noted how people had been involved in developing and reviewing their care plans. Daily records demonstrated that people received care as they wanted and needed. Handovers between shifts ensured that all staff understood any changes affecting people’s health or wellbeing.

People were supported to make their voice heard and provide feedback on the service they received. Staff told us “Residents will tell us, and relatives phone us” if there were any problems. One person told us they knew who to talk with if they were not satisfied with the care they received. Monthly meetings ensured people could make their wishes known, and discussions included topics such as celebrations and outings. The minutes from these meetings were recorded in a format appropriate for people’s needs, including a pictorial record, and displayed for reference. Relatives commented that staff welcomed feedback, and kept them informed about changes, although one relative felt communication could be improved.

A survey had been sent to relatives and distributed to people and staff just before our inspection. The findings were collated and sent to us after the inspection. Responses had been positive, with people praising the support they received. People and their relatives’ opinions had been valued, and the provider had used their comments to improve the service. The deputy manager had set up an action plan to address areas where improvements had been identified, such as developing a sensory room and ensuring staff all worked consistently to support people.

Only one formal complaint had been raised. Records indicated that this had been dealt with in accordance with the provider’s complaints policy, and resolved to the complainant’s satisfaction. Compliments from relatives and public had been documented and shared with staff so that they knew what improvements were required.

Is the service well-led?

Our findings

The provider facilitated a culture of respect and valuing others in the home. People had access to a handbook on the home, in a format appropriate to their needs which explained their rights and responsibilities. The handbook noted personal information would be held confidentially, and that people had a right to be involved in their care and not be bullied. It also noted agreed house rules, such as treating each other with respect. Staff lived up to these values, and encouraged people to do the same.

People were relaxed with the registered manager, and sought their company. They enjoyed spending time with them. Relatives told us the registered manager was “Able and caring”. One relative told us the registered manager had handled staffing issues well. Staff spoke positively about the registered manager. Comments included “They have done an amazing job, given up a lot of their own time, I can always call them if they’re not here for advice”, “The manager is brilliant, they have helped me so much” and “Lovely, approachable. I can go to them about anything”. The registered manager operated an open door policy for people and staff, and displayed the values they wanted staff to live up to. They were patient and caring of people and staff, and enjoyed developing the skills of both.

Staff described the team of care workers as welcoming and supportive. The registered manager had taken steps to ensure the team had bonded as new staff came into the team, and resolved issues promptly to maintain an effective and supportive team spirit. Staff strengths were valued and used to develop others. One care worker explained that they had been asked to lead a team training event to share safeguarding knowledge they had gained from a recently completed qualification.

The registered manager was supported by the provider’s operations manager, and staff told us additional support could be sought from the provider’s other homes when required. Learning and understanding was shared, and staff were held responsible to ensure it was implemented. Staff were kept updated on policy and care plan changes to ensure they were informed of the current care guidance and understood their responsibilities.

The provider routinely monitored the quality of the service and action was taken to make improvements and manage identified risks. The operations manager and the provider’s quality assurance team undertook an audit of the home annually. The registered manager referred to these as a “Good tool” that “Keeps us on our toes”. The last annual audit had been completed in March 2014. An action plan was drawn up from the findings, and progress monitored by the operations manager to ensure improvements were made. The audit noted staff communication had to improve and staff needed to understand the provider’s policies and procedures. Staff told us communication was strong and effective, and our observations confirmed this. Records demonstrated that staff understanding of policies and procedures had been discussed in team meetings and checked through questionnaires. Actions identified through the provider’s quality audit had been used to drive improvements to the service.

The registered manager also conducted quarterly internal audits to monitor the quality of the service people received. A recent audit had highlighted some gaps, including a requirement to update risk assessments, review people’s personal evacuation plans, and record how people had been involved in care planning. These areas had been addressed. Where the registered manager had identified issues, they had taken action to manage the risks and improve the quality of care provided to people.