

# Voyage 1 Limited

# Glendale

## 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 ●

# Summary of findings

## Overall summary

Glendale is a detached bungalow set in its own large gardens in a residential district close to the centre of Hartlepool. Glendale provides residential care services for up to four people with learning or physical disabilities. There were three people using the service during our inspection. The provider has recently applied to the Commission to increase occupancy at a similar service nearby with a view to closing Glendale soon.

At the last inspection on 27 May 2015 the service was rated good. At this inspection we found the service remained good.

Staffing levels were appropriate for the needs of people who used the service. Risk assessments relating to people's individual care needs and the environment were reviewed regularly. Medicines were administered safely and stored securely. Accidents, incidents and safeguarding concerns were recorded and dealt with appropriately.

Staff received appropriate training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

There was a welcoming and homely atmosphere at the service. People were at ease with staff and relatives said staff were caring. Staff treated people with kindness and compassion.

Staff had a clear understanding of people's needs and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Support plans were well written and specific to people's individual needs.

Relatives felt the service was well managed. Staff described the manager as approachable. There was an effective quality assurance system in place to ensure the quality of the service and to drive improvement.

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?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Glendale

## **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 8 August 2017 and was unannounced which meant the provider did not know we would be visiting. The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern from these agencies.

Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service, so we asked their relatives for their views. We spoke with three relatives who were visiting the service during the inspection.

During the visit we spent time with the three people living at the service. We also spoke with the manager, a senior support worker, an acting senior support worker and a support worker.

We reviewed one person's care records and three staff files including supervision and training information. We reviewed medicine administration records for two people as well as records relating to the management of the service.

Due to the complex needs of some of the people living at Glendale we were not always able to gain their

views about the service. 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.

# Is the service safe?

## Our findings

Staff understood the need to report any concerns to the management team without delay. Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to the management team and, if necessary, to the relevant external agencies. Staff told us they had confidence in the management team to deal with safeguarding issues effectively. Records showed safeguarding concerns were recorded and dealt with appropriately. There were clear financial procedures in place where the service was responsible for the oversight of people's money.

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. Staff were able to give examples of specific areas of risk for people and explained how they worked with individuals to help them understand the risks. For example, when supporting people to use the laundry room or go shopping.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.

There were enough staff on shift to meet people's needs quickly and keep them safe. Staffing levels on the day of our inspection comprised of the manager, one senior support worker, one acting senior support worker and one support worker. Normal staffing levels were two staff members through the day and one at night. Additional staff were on duty on the day of our visit as a garden party had been arranged.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and hoists. Other required inspections and services included gas safety and legionella testing. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff, such as completing a body map to log any injuries and making an appointment for the person to see their GP.

The arrangements for managing people's medicines were safe. Medicine records we checked had been completed accurately. The administration of topical creams was recorded on medicine administration records and individual care records. Staff who administered medicines had completed up to date training and their competency was checked regularly. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature.

No new staff had been recruited since the last inspection so we were unable to check recruitment

procedures.

The service had a welcoming and homely atmosphere. The service was in need of refurbishment. For example, some flooring needed to be replaced and some areas needed repainting. When we spoke with the manager about this they said the provider had no plans to refurbish the service as it was due to close in a matter of weeks.

# Is the service effective?

## Our findings

People were supported by staff that were trained and effective in their job role. Staff told us they received plenty of relevant training and they felt supported by the management team. Records confirmed staff had completed training in a range of areas such as safeguarding, medicines administration, communication and autism awareness.

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training.

Relatives told us staff met the needs of people who used the service and they were happy with the care provided

People were supported to maintain a balanced diet and to have enough to eat and drink. Staff used a weekly menu planner which was based on people's preferences. People were involved in decisions about what to eat through pictorial menus. Most meals were prepared from scratch using fresh produce. A good range of healthy foods were available, as well as drinks, snacks and fresh fruit. People's food and fluid intake was recorded appropriately and their weight was checked in line with their care needs.

Records showed people's day to day health needs were being met. People had access to healthcare professionals according to their individual needs. For example, people attended appointments with psychiatrists, speech and language therapists, chiropodists, dentists and GPs. Details of appointments and the outcomes were documented in people's health files.' People's health needs were reviewed on a regular basis which meant people were supported to maintain good health.

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 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the provider had submitted DoLS applications for the three people using the service. Records demonstrated these had been authorised for all three people by the relevant local authorities. DoLS applications contained details of people's individual needs and were person-centred. Records showed decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about going on holiday and using a safety belt when using a wheelchair. This meant the service was meeting the requirements of the MCA.



## Is the service caring?

### Our findings

Relatives told us staff were caring towards people and always treated people with dignity and respect; this was evident in our observations. One relative said, "We couldn't wish for a better home for [family member]. They're so relaxed here. It's the best place they've ever been. The staff are marvellous, absolutely brilliant. Staff know [family member] well and are very caring."

We observed lots of laughter and humour between people and staff. People were relaxed and happy when interacting with staff.

One staff member told us, "I want these three people to be looked after the way I would want to be looked after. They deserve nothing less." Another staff member said, "It's great here, we're like a little family. It's such a shame the home is due to close soon as we'll all miss each other so much."

People were supported to be as independent as they wanted to be. They were supported to access the local community and took part in shopping, cooking and household tasks where appropriate. Staff were sensitive to the fact that some people found it difficult to cope with too many choices. Staff used their knowledge of people's preferences to offer them a small number of options at a time. This meant staff understood people's individual communication preferences.

Each person had a keyworker who was responsible for supporting people to maintain contact with their family and friends. This included supporting people to buy presents and cards for special occasions as well as keeping their care plan updated. Keyworker meetings took place monthly when people's progress towards their goals was reviewed.

The service had received numerous compliments since the last inspection from relatives of people who used the service. Comments included, 'very good care,' 'all the staff work really hard for the residents' and 'Glendale is by far the best. Staff are lovely.'

We checked to see if the service supported people with advocacy. At the time of this inspection all of the people who lived at this service had relatives to support them to make any major decisions.

Each person who used the service was given a 'service user guide' (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint and was available in picture format.

## Is the service responsive?

### Our findings

Care plans were detailed and personalised. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had a 'one page profile' which provided a person-centred snapshot about the individual for staff to refer to. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, mobility and communication. This meant staff had access to key information about how to support people in the right way.

Records showed care plans were reviewed by staff regularly or when a person's needs changed. Relatives told us they were invited to attend regular care review meetings and they felt fully involved in their family member's care. A relative told us, "We're always kept informed about everything."

People were supported to access the local community and took part in activities at the service. Staff told us people's activities were planned with them on a weekly basis but were flexible due to changes in people's needs. Staff knew what activities people liked and told us they tried to think of suitable new things for people to try. Activities included hand massage, playing dominoes, going to the park, having picnics, takeaway nights and going to the seaside.

On the day of our visit a garden party had been arranged. People who used the provider's other nearby services had been invited along with relatives of the people who lived at Glendale. The party could not be held in the garden due to poor weather so staff ensured enough chairs were in communal areas for people to be comfortable. Staff had made a vast selection of buffet items which people really enjoyed. One staff member facilitated party games and ensured everyone was involved according to their wishes and abilities. People and relatives said they had enjoyed the party very much.

The provider had information for people and relatives about how to make a complaint. The information for people was in an accessible format but due to the complex needs of the people using the service most would still not understand the concept of a complaints process. Staff were familiar with people's demeanour and would recognise if people were unhappy or dissatisfied with something. No complaints had been received since the last inspection. Relatives told us they had good relationships with the manager and staff and could speak to them about any concerns they may have.

## Is the service well-led?

### Our findings

A registered manager was not in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 current manager has been in post since March 2017 and is the registered manager at another service nearby. They told us they had no plans to apply to become the registered manager at Glendale due to the service's imminent closure. Plans were in place to arrange people's transition to other services and relatives told us they had been involved in discussions about this.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. A recent safeguarding incident had not been notified to the Commission. When we spoke to the manager about this they said the matter was due to be concluded soon so they had planned on submitting the notification then. We asked the manager to submit a notification and provide an update afterwards which they agreed to do.

Staff said the manager was approachable and supportive. One staff member said, "You get really good support here." A relative said, "The manager's great."

Staff meetings were held monthly. Issues covered included staff training, menus and care records. Staff told us they felt able to voice their opinions and raise any concerns at these meetings or at any time as there was an open culture. Minutes of staff meetings were taken so staff not on duty could read them later. Staff feedback was also sought via an annual survey. This meant staff had various opportunities to provide their views.

The provider sought feedback about the quality of the service through annual questionnaires. This was last carried out in October 2016. Seven questionnaires were returned from relatives with positive feedback.

A range of audits were carried out to monitor the quality of the service. The provider had a process in place to monitor and improve the quality of the care that people received. Regular audits carried out by the senior staff, the manager and provider led to action plans with completion dates where necessary. For example, a recent audit identified the light in the shower room needed replacing and this was rectified. Audits noted that the service was in need of refurbishment and adaptation due to changes in people's needs, as we found during our visit.