

Voyage 1 Limited

# Durlands Road

## Inspection report

6 Durlands Road  
Horndean  
Hampshire  
PO8 9NT

Tel: 02392591915

Date of inspection visit:  
09 October 2018

Date of publication:  
12 November 2018

### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Durlands Road provides care and support for up to four people with a learning disability and autism. At the time of our inspection there were four people living at the service. The service is located in a quiet residential area, close to local amenities. There is parking to the front of the service and a garden at the rear.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People's capacity had not always been considered and documented in line with legislation and guidance. We made a recommendation regarding working in accordance with the Mental Capacity Act (MCA) Code of Practice. However, staff were knowledgeable about the MCA and how they supported people in making their own choices and decisions.

Communication and feedback systems were in place for staff such as meetings and records. Relatives we spoke with said communication could be improved.

Staffing levels were safe. Staff were caring, consistent and experienced. Staff received an induction and regular training.

Medicines were stored and administered safely. Risk assessments and guidance were in place to support people whilst ensuring people's independence was promoted.

Care plans were person centred and supported people to pursue activities of their choice.

People's health needs were met. Care plans gave guidance around specific health conditions and dietary information.

There was a positive and enthusiastic staff culture. Staff worked well as a team to provide consistent care and support which met people's needs.

Systems were in place to monitor and review the quality of the service. Regular checks of the environment and fire safety equipment were conducted.

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 remained Good.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Capacity assessments were not always kept in line with legislation and guidance. There was no clear overview of people's Deprivation of Liberty Safeguard authorisations.

Staff supervision had not regularly occurred for some staff members.

Staff received an induction and on-going training.

People were supported with their health, nutrition and hydration needs.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Durlands Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 October 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service may not be able to tell us about their experiences. We used different methods such as undertaking observations to help us understand people's experiences of the service.

During the inspection we met two people living at the service and we spoke to four relatives. We also spoke with five members of staff which included the manager and operations manager. We reviewed four people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

People were safe and well supported. Staffing levels were safe. We observed staff supporting people in their preferred way. Relatives we spoke with said there was a stable team of care staff. This was important as staff knew people's care and support needs well. One relative said, "The consistent staff team is a real positive."

People's medicines were administered and managed safely. Medicine administration records (MAR) contained essential information and details of any allergies. Protocols were in place for 'as required' medicines. These were detailed and informative. Temperatures were taken daily to ensure medicines were stored as directed. Regular checks of medicines were completed. However, the staff signature list was not up to date, which had been identified in an external audit in August 2018.

The provider had policies and procedures in place for safeguarding adults and whistle blowing. Staff received regular training in safeguarding adults. Staff we spoke with knew how to recognise the signs of abuse and their responsibilities to report any concerns. When concerns had been identified these had been reported to the appropriate authorities.

Individual risk assessments identified how to support people safely whilst maximising people's independence. For example, around community activities, personal care and food and nutrition. Clear guidance described risk management strategies.

Accidents, incidents and near misses were reported and reviewed. Actions taken to prevent reoccurrence were documented for example, updating people's risk assessments or making changes to the environment.

Staff adhered to infection control policies. A cleaning schedule monitored areas to ensure they were maintained. Substances that may be harmful to people were stored safely. Regular health and safety checks were completed. Records of services and checks to systems equipment were reviewed to ensure they were safe for their intended purpose. Refurbishment work was commencing to ensure people's bathroom facilities were suitable.

Fire risk assessments and procedures were in place. Weekly, monthly and external checks on fire safety equipment were undertaken. Personal emergency evacuation plans were up to date and detailed how a person required support in an emergency. General risk assessments gave guidance on the environment, premises and activities to ensure that staff could manage identified risks safely. Vehicles used by the service were checked weekly. A business continuity plan outlined procedures to follow in unforeseen circumstances such as power failure or adverse weather conditions.

The provider followed appropriate recruitment process before new staff began their employment. Staff files had two references, full employment history and a Disclosure and Barring Service check (DBS). 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. Where gaps in employment were identified these were followed up and explanations verified.

## Is the service effective?

### Our findings

The service was not consistently effective. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was no clear overview in place to see the status of people's DoLS and the provider could not easily locate this information. This meant that an application to reauthorise one person's DoLS had not been submitted in a timely manner. The provider said this would be addressed by having a clearer system in place for DoLS. Once the information had been located it was identified that DoLS applications for all those living at the service had been submitted to the local authority.

Consent to care and support was not always sought in line with legislation and guidance. Capacity assessments in people's care records were outdated and multiple non-related decisions were considered together. For example, in one person's care file an assessment completed in November 2013 looked at the person's capacity to make decisions about their finances and community activities. This had not been reviewed and no best interest meeting had been held regarding these areas. However, a capacity assessment and best interest decision for a person in August 2017 had been completed around a particular medical decision.

We recommend the service refers to guidance in the Mental Capacity Act Code of Practice in reference to reviewing mental capacity assessments and recording best interest decisions.

Staff we spoke with were knowledgeable about the principles of the MCA and gave examples of how they applied this within their role. For example, staff supported one person's choices around adrenaline activities. Care plans were clear about how people expressed and communicated their daily wishes and how staff could support people with decision making. For example, one care plan said, 'Does not respond to open ended decisions. Needs to be given a smaller choice of two to three things.' Staff knew this information well. We observed staff offering choice such as how people wished to spend their day.

Staff received supervision with a senior staff member. Supervision is where staff meet one to one with their line manager to discuss their performance and development. Records we reviewed supported staff around their well-being, training requirements and reflective practice. However, the overview of supervision was not well organised. The supervision matrix in place had not accurately recorded staff supervision. As the overview had not been updated this meant some staff had not received supervision as frequently as the service intended, which was bi-monthly. For example, one staff member had only received one supervision in 2018. Another staff member's supervision records were not within their file. The supervision overview was reviewed and updated and we were sent this information after the inspection.

Staff told us they had completed an induction when they joined the organisation. The induction was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new staff to expected standards of care. We reviewed the programme of induction which included mandatory training, introduction to systems and processes and orientation to the service and people. Staff received regular

training in a variety of subjects such as Mental Capacity Act (MCA), health and safety, effective communication and equality and diversity. Staff we spoke with were positive about the training received, especially the face to face training. One staff member said, "The trainer captivates the audience."

Outdoor space with seating areas was accessible to people. The doors to the garden were open during the inspection as the weather was warm. People could move freely around the service and we observed people doing this.

People were supported with their food and drink needs. Care plans described people's required diets and food preferences. Staff were clear about the support people needed. For example, staff could describe how they supported one person in line with their care plan who was at risk of choking. Staff said the food was good quality.

Records were kept of people's healthcare appointments and the outcomes of these. For example, with the GP, dentist and chiropodist. People had information prepared to accompany them should a hospital admission be required. This described how people may display they were in pain or discomfort and their communication needs.

## Is the service caring?

### Our findings

The service remained caring. People were supported by staff who were kind and caring. One relative said, "The staff are very good. People have a good relationship with staff." Another relative said, "Care staff are lovely. They have [Name of person] best interests at heart."

We observed that people were happy and relaxed in the presence of staff. Relatives commented that their family members were content and at home at Durlands Road. One relative said, "[Name of person] is settled and happy."

Relatives said that having a consistent staff team had a positive impact on people as staff knew people's support needs and routines well. One relative said, "Consistency of staff is very good. This is a real plus."

People were treated with dignity and respect. We observed staff speaking with people in a kind, friendly and age appropriate way. Staff respected what people wished to do with their time and where they wanted to be within the service. For example, some people enjoyed time by themselves in their rooms or some people wished to be in communal areas of the service with staff members.

Care records promoted people's independence and focused on what people could do as well as highlighting where people required assistance.

People were supported to access the local community daily. We observed people going for a walk and another person being supported to visit the local shops.

Visitors were welcome at the service. However, most people went to visit or stay with family members. Information was available to visitors about how to visit the service and communicate with people in their preferred way.

People had an allocated keyworker. Keyworkers ensured people's care plan aims and goals were met.

Care plans detailed any religious and cultural requirements if this was relevant for the person. Care plans demonstrated how people's diversity was promoted and supported for example, through hobbies and people's appearance.



## Is the service responsive?

### Our findings

The service remained responsive. People received individualised care and support which met their needs. One relative said, "We are happy with the placement."

Care records were person centred. They gave information on people's background, interests and relationships that were important to them. One person's care plan said, 'I am a very active person,' and another person said, 'I like to be around people. I like to be helpful.' People's usual routines were detailed, with clear specific information. For example, what objects a person may like to carry around with them or what a person liked to do when they got up in the morning. Staff knew people's individual support needs and preferences well and this ensured people were comfortable.

People's preferred methods of communication were described. Examples were given of what different words and sounds people used and how people indicated to staff they wished to show them something. Guidance was in place for staff to support people effectively with particular behaviours.

Clear guidance was in place for people's health conditions. This described how the condition was managed, signs and symptoms to be observant of and the action that should be taken to support a person. For example, during an epileptic seizure.

People were supported in individual activities of their choice. For example, walks in the local community, shopping, eating and drinking out, visiting places of interest and participating in activities such as trampolining. People were supported to go on holidays of their choice. Staff informed us that activities were becoming more structured with advanced planning. This was to ensure people had allocated time for activities. Staff spoke passionately about sourcing new opportunities for people and continually offering new experiences for people to try.

The service had received one complaint since January 2017. This had been investigated and actions taken. The complaints procedure was in an accessible format and was displayed in the entrance to the service.

People's preferred gender of carer was documented. If a person was unable to verbally communicate these choices, observations were made to ensure people were comfortable with the care provided. Care records did not contain any end of life wishes. We highlighted this to the provider.

# Is the service well-led?

## Our findings

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 previous registered manager had left the service in June 2018. An interim manager was in place and had applied to the Commission to be registered whilst the new manager appointed was inducted into the post.

The service communicated to relatives through telephone calls and emails. However, the feedback we received was that communication could be more effective. One relative said, "Communication could be improved." Another relative said, "Communication has declined." We fed this back to a senior staff member after the inspection who said this area would be reviewed. Questionnaires had been distributed to gain feedback from relatives. The service had not received any completed questionnaires.

Systems to communicate with staff were in place. There was a diary with appointments, a message book and a 'read and sign folder.' This folder contained important information about changes to policies, systems and key information from the organisation. However, it had not been regularly monitored to ensure staff had read the information provided. Team meetings had occurred and were re-building in frequency. Staff told us these meetings were useful and they could raise any issues and discuss ways of working. We reviewed the minutes from October and saw key information was conveyed, areas such as training information, service user activities and health and safety issues.

Systems regularly monitored the quality of the service. This included audits of areas such as medicines, health and safety and care plans. The manager and operations managers completed separate quarterly audits. The areas identified at this inspection around supervision, capacity assessments and DoLS had been identified and were included in the providers action plan in July and August 2018. We were sent documentation after this inspection to demonstrate how these areas had been progressed by the Operations Manager.

The service was working towards a national accreditation scheme in supporting people with autism. This meant staff were having training specific to the needs of people whom they supported. It also provided links and networks within the local community to events and sessions that made adaptations, for example to the environment, to assist people with autism.

Staff enjoyed their roles and felt supported by the manager. Staff said they worked well as a team. One staff member said, "We work well together." Staff were clear about how a consistent staff approach was important for the people they supported.

The manager understood the legal obligations relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered managers had completed and returned the Provider Information

Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.