

Voyage 1 Limited

West Road

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

This inspection visit took place on 17 April 2015 and was unannounced.

West Road provides accommodation and personal care for up to four people who have learning disabilities or autistic spectrum disorder. There were two people using the service at the time of this inspection.

There was no registered manager in post at the time of this inspection. A new manager had been in post since January 2015 and had submitted an application to register with the commission. 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.

Relatives told us they felt the service provided safe care and support. There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Summary of findings

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place or had been applied for.

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

Relatives described staff as "very kind" and "helpful". Staff involved people in making decisions and respected people's choices, privacy and dignity.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People were confident they could raise concerns or complaints and that these would be dealt with.

People spoke positively about how the service was managed. There was an open and inclusive culture within the service, which encouraged people's involvement and their feedback was used to drive improvements. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

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.

Staff had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse.

People were supported to take planned risks to promote their independence and staff were provided with appropriate guidance.

Staffing levels were sufficient and organised to take account of people's planned activities and support needs.

People's medicines were managed appropriately so that they received them safely.

Good



Is the service effective?

The service was effective.

Staff received training and supervision to help ensure they had the right, knowledge and skills to effectively deliver care and support.

People's consent to care and support was sought in line with relevant legislation and guidance.

People were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

People received regular and on-going health checks and support to maintain their health.

Good



Is the service caring?

The service was caring.

Staff had built caring relationships with people and demonstrated a commitment to ensuring that their needs were met in ways that made them feel they were valued.

People and their families were supported to express their views and be involved in making decisions about their care and support.

Staff worked in a manner that respected people's choices, privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were supported to do the things that interested them. Care plans were tailored to each individual and reflected their personal preferences.

Staff were prompt to raise issues about people's health and people were referred to health professionals when needed.

The service continuously reviewed and updated the plans for supporting people, based on consultation and observation of their changing needs.

Good



Summary of findings

Is the service well-led?

The service was well led.

The new manager had submitted an application to become the registered manager. People spoke positively about the manager and staff and for the way in which the home was run.

There was an open and positive culture within the service. The involvement of people, their families and staff was encouraged and their feedback was used to drive improvements.

There was a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Good



West 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 17 April 2015 and was unannounced. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we met and spoke with the two people who used the service. Due to their difficulties communicating verbally, we were not able to seek in any detail their views about the care and support they received. We therefore spent time observing interactions between staff and people. Following the inspection we spoke with three relatives and obtained their views about the care provided at West Road.

We also spoke with two support workers and the manager. We reviewed a range of care and support records for both people, including care needs assessments, medicine administration records, health monitoring and daily support records. We also reviewed records about how the service was managed, including risk assessments and quality audits.

This was the first inspection of West Road since the current provider took over the running of the service in July 2014.

Is the service safe?

Our findings

The relatives of people who used the service told us they felt the service provided safe care and that there were enough staff to meet people's needs.

Staff had received training in safeguarding adults and demonstrated a clear understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures and information was available on how staff should report abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff were aware of the provider's policy and guidelines around not using any forms of control and restraint. They had received training on the management of challenging behaviours, and told us that neither person who used the service exhibited behaviours that would require more than verbal reassurance.

People's records showed that they were supported to take planned risks to promote their independence and staff were provided with appropriate information on how to manage these risks. Staff we spoke with demonstrated knowledge and understanding of people's support and risk management plans, for example when accessing the community. One relative told us the service provided the right levels of "freedom and supervision" and added that their relative was "allowed to get on and do things; Staff know his capabilities". We observed how one person approached staff carrying a towel. The member of staff responded, saying "You want a bath? You go and run the water and I'll come and help you". The member of staff then checked the person was safe during the process, in line with the support and risk plan guidance. Staff told us that as a result of working with the person in this way, the person was now able and willing to carry out some personal care tasks more independently.

We saw people were free to access the communal areas and garden and potentially dangerous substances such as cleaning agents were kept in a locked cupboard. The

service had a business continuity plan, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises.

Staffing levels were sufficient and reflected the assessed needs of people using the service, as identified in their support plans and risk assessments. The service employed a manager and six care and support staff in total. The staff rota was organised in advance but was also flexible to take account of people's planned activities and the level of staff support required. There was a member of staff on each of the morning, afternoon and night shifts throughout the week. Another member of staff was on duty between 10am and 5:30pm five days per week to provide one to one support for activities. In addition, the manager was able to provide personal care and support if required.

A system was in place to keep track of and record relevant checks that had been completed for all staff who worked in the home. We looked at the records of two members of staff. The records included police checks, references from previous employers and employment histories. These measures helped to ensure that only suitable staff were employed to support people who used the service.

People's medicines were stored appropriately and managed so that they received them safely. There were detailed individual support plans in relation to people's medicines, including any associated risks. Staff were aware of the guidelines in the support plans and were able to explain the procedure they would follow in the event of a medicines error. The medication administration records, including one for a topical application, were appropriately completed. Where one person was prescribed an 'as required' medicine for pain relief or high temperature, there were clear guidelines for when it should be given. Staff completed training and an assessment of their competence before they were able to administer medicines to people. This was further confirmed by the staff training records.

Is the service effective?

Our findings

The relatives of people who used the service told us they felt staff had the right qualities, knowledge and skills to effectively deliver care and support. They said staff supported people to access appropriate health care and to eat and drink well.

Staff completed a range of essential training. Most of the training programme was delivered by e-learning, with some face to face training, and included subjects such as safeguarding people, moving and handling, nutrition awareness and food safety. All staff had completed or were undertaking industry recognised diplomas in health and social care, which are work based awards that are achieved through assessment and training. To achieve the diploma, candidates must prove that they have the ability to carry out their job to the required standard.

Staff told us they felt supported and that they received regular supervision. The new manager had completed a supervision meeting with each member of staff and there were dates planned for all staff in April 2015. All staff had received an annual appraisal of their performance in 2014 and dates were scheduled for this year. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Staff had received training in the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff were able to demonstrate an understanding of the key principles of the Act. They were clear that when people had the mental capacity to make their own decisions, this would be respected. We observed staff asking people before they assisted them with a task such as helping them with their meal or assisting them to have a bath. Care records contained detailed guidance for staff about how to support people to understand choices and be involved in making decisions. This included the use of pictures and the best times to engage the person. The support plans stated that in the event that decisions needed to be made about issues such as medical care, a mental capacity assessment would need to be completed. One person's records showed that such an assessment had

been completed prior to a surgical procedure in 2013. Both people had relatives who were appointees for financial matters and were involved in making relevant decisions in the person's best interests.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The manager understood when a DoLS application should be made and how to submit one. Following a Supreme Court judgement which clarified what deprivation of liberty is, the management had reviewed people in light of this and submitted applications to the local authority.

People were supported to eat and drink enough to meet their needs. Staff provided people with different food options, including the use of pictorial menus and shopping lists, so that they were able to make an informed choice. People were supported by staff to shop for and prepare their own meals, at times that suited them, which promoted their independence. The menu for the week reflected people's choices of meals. The manager told us of plans to introduce further healthy eating options into the menus.

We observed a person came into the kitchen and indicated to staff they wanted to have breakfast. The member of staff asked them what they would like to eat and showed them a range of options. The person was then supported by staff to prepare their choice of breakfast. A relative told us "He enjoys his food. Staff are good at introducing healthier snacks. He will now turn to the fruit bowl or walk to the farm shop to get fruit. The staff give options and know what he likes and doesn't like. They don't deny him anything".

People had Health Action Plans and their records showed they received regular and on-going health checks and support to attend appointments. This included reviews of the medicines they were prescribed, GP, dental and chiropody appointments. People also had a hospital passport in readiness should they require hospital treatment. The aim of a hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

The relatives of people who used the service described staff as “very kind” and “helpful”. They told us staff involved people in making decisions and respected people’s choices, privacy and dignity. One relative told us their family member had “Come on leaps and bounds. The staff are excellent. He is living a far better life and gets out a lot more”. They also said there was “No large turnover of staff. He knows all the staff and gets on well with them”. Another person’s relative said “He used to be a loner in his room. He comes out now and gets involved”. Relatives other comments included: “Nice, homely environment” and “Very good atmosphere”.

Staff spoke passionately about their work and the importance of building relationships with people who used the service. They demonstrated a commitment to ensuring that people’s individual needs were met in ways that made them feel like they mattered and were valued. We observed that people appeared very settled and at home. Throughout the inspection visit, people smiled and interacted with the staff and with each other. It was clear that staff and people using the service knew each other well. The manager was aware of the importance of

assessing any potential new admissions to the service in terms of compatibility with the two people currently there. The manager had been able to say no to potential referrals with the support of the organisation.

The service supported people to express their views and be involved in making decisions about their care and support. Monthly meetings took place between individuals and their key workers, to ensure that they were consulted and informed about their support and what happened in the home. We observed staff informing people about the activities planned for the day and asking them if that was what they still wanted to do. People’s relatives told us the service also involved them in planning people’s care and support.

Staff treated people with respect and supported them in ways that upheld their dignity, for example when assisting with personal care tasks. Staff were friendly in their interactions with people and took the time to respond to requests for assistance and to answer questions. They told us how they respected one person’s right to lock their door at night as they wished. Staff said they knocked on the person’s door in the morning and asked if they were ready to get up. A relative commented “Staff always ask permission to enter his room. They say that’s his private space and he has the right to say no”.

Is the service responsive?

Our findings

People were supported to do the things that interested them, maintain relationships and to participate in community activities. We saw photographs of people on holiday and taking part in other activities outside of the home. We looked at care and support records for both people who use the service. These were tailored to each individual and reflected their personal preferences, how they expressed themselves and communicated with others. Staff we spoke with demonstrated knowledge of people's individual needs, personalities and preferences. There was a relaxed atmosphere in the home and staff communicated well with the people and promoted an inclusive, supportive environment. Staff had a clear understanding of the support planning process and of the outcomes they were supporting people to achieve. This included social, emotional and health related needs and goals.

We saw that the service was continuously developing and updating strategies for supporting people, based on consultation and observation of people's changing needs. A relative told us how staff responded flexibly to a person's changes of interest and said "Staff are very good at finding what he likes to do". They also commented "There is always someone to take them out for activities and one to one staffing when they are on holiday". Staff told us how the timing and location of an activity had been changed in response to a person's preference. The person had previously taken part in a group cooking and baking activity at an external venue. Staff noticed that the person became

less interested in going to the group activity but still enjoyed cooking and baking occasionally with staff at home. This change was reflected in the person's support plan.

Records contained relevant information about people's physical health and their care and support needs which allowed staff to provide care which was responsive to their needs. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. Regular reviews took place, during which people and their relatives were asked to give their views and feedback about the care and support they received, which helped to ensure people's daily support remained relevant and purposeful. People's relatives confirmed the service took on board their views. One relative described the care and support as a "Very personal service". Another relative said "They know what he wants and understand his needs".

People's relatives were aware of the organisation's complaints procedure and said they had never felt the need to use it. There was a system to monitor and respond to any concerns or complaints about the service. The manager confirmed that the service had not received any complaints. The complaints procedure was provided in a pictorial format, to help inform people about how to make a complaint. Staff understood people's needs well and told us how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

Is the service well-led?

Our findings

The previous registered manager had left the service in January 2015. The current manager was appointed in the same month and had submitted an application to become the registered manager. The manager was aware of the recent changes to the legislation affecting care homes and what her responsibilities would be as a registered manager.

The manager had a good understanding of the challenges facing the service and the areas where improvements or developments were needed. They were positive about working through the recent organisational and management changes with the inclusion of the established staff team, so that people continued to receive consistent and high quality care. The manager said she was well supported by the provider organisation. Staff spoke about the importance of team working and how this helped to ensure people received consistently good care. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. There were clear lines of accountability within the service with each shift having a clearly designated member of staff in charge. An on-call manager was also clearly identified at all times in case of emergencies.

The manager was promoting an open and inclusive culture within the service. Relatives told us the manager had met with them. They expressed confidence in the manager and staff and told us they were asked for their views and had no suggestions to make about how the service could be improved. One relative said they "never had any problems whatsoever; it's a very good set up. Top drawer. Staff go

beyond what they're called to do". Other relatives commented: "Nothing but good service. Very helpful toward X and his needs"; and "Always made welcome. I never feel I have to ring first. That's reassuring".

The provider had been running the service since July 2014 and they were now looking at implementing their corporate system of annual surveys to find out more about people's views of the quality of the service. The manager said she would receive a report of the outcome of the survey and would be expected to act on any areas where improvements could be made.

Staff had opportunities to provide feedback about how the service was being delivered. Staff said they were able to raise any concerns with the manager and were confident that they would be addressed. Staff told us the manager was taking their request to have more face to face training forward and the manager confirmed that training in the Mental Capacity Act was to be planned to be delivered face to face. Records of staff meetings showed that discussions took place in relation to policies, procedures and role expectations. Matters involving the support of people who use the service could also be raised and discussed.

Regular audits of the quality and safety of the service took place and were recorded. These included checks carried out by the manager and through the organisation's quality assurance team. The manager had an action plan in relation to the continuous improvement of the service. Procedures were in place for responding to and reporting accidents and incidents. For example, a minor incident had occurred, which had been followed up and monitored appropriately. The manager also reported regular updates to senior management about any health issues people were having, what was working well and anything that was not working.