

Voyage 1 Limited

# 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 ●

# Summary of findings

## Overall summary

Worting Road (The Whispers) is a 'care home'. It is a detached property, providing accommodation over two floors and has a secure rear garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide accommodation and support to eight people with a learning disability or autistic spectrum disorder. At the time of our visit, there were eight people using the service.

There was 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was last inspected in August 2016. At that inspection, we found a breach Regulation 11 of the Health and Social Care Act 2008. This was because the provider had not ensured that mental capacity assessments and best interest decisions were recorded when people were unable to make decisions about managing their finances and medicines. At this inspection we found the required improvements had been made to meet the requirements of the regulation.

At the inspection carried out in August 2016 we rated the service as good overall. 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 on-going 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 were protected from the risk of abuse by staff who had the knowledge and skills to identify safeguarding concerns and act on them. Risks to people's health and well-being had been assessed and plans were in place to minimise the risks. Regular checks were made regarding the safety of the premises and the provider had plans in place to manage foreseeable emergencies. Medicines were managed and administered safely.

People benefitted from receiving support from a staff team who were well supported and had been trained in the skills necessary to fulfil their role. Staff monitored people's physical and emotional wellbeing and

ensured support was in place to meet their individual needs. When necessary, staff contacted health and social care professionals for guidance 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 support this practice. People's nutrition and hydration was monitored and staff supported them to have a varied diet.

Staff interacted with people in a kind and caring manner. They involved people in choices around their daily living. People's independence was promoted and people were encouraged to be involved in the service. People were relaxed and comfortable in the company of staff, they did not hesitate to seek support and assistance when required. People were respected and their privacy and dignity were maintained. People were supported to maintain relationships with family and friends and relatives told us they were made welcome whenever they visited.

People's support plans were person centred and contained detailed information specific to each individual, including people's likes, dislikes, cultural and spiritual preferences. People had opportunities to take part in activities of their choice and follow their hobbies and interests. The provider made people and their relatives aware of how a complaint may be raised.

The registered manager had systems in place to monitor the quality of the service provided. People, their relatives and staff had opportunities to feedback their views on the quality of the service.

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 has improved to Good.

The provider ensured that mental capacity assessments and best interest decisions were recorded when people were unable to make decisions about managing their finances and medicines.

Staff felt well supported and received regular training in the skills they required for their job role.

People were supported to live as healthy a life as possible and staff sought advice from health professionals when necessary.

### 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.

# Worting Road (The Whispers)

## **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 was a comprehensive inspection which took place on 26 June 2018. The inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We also looked at previous inspection reports. We did not request a Provider Information Return (PIR) for this inspection. The 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.

Some of the people who live at Worting Road (The Whispers) were unable to speak with us and express their views. However, one person was able to talk with us and shared their experience of living at the service. We spoke with four members of staff including the registered manager, the operations manager, a senior support worker and a support worker. In addition we spoke with a visiting professional. We observed care and support being provided in the communal areas of the service, we saw people having lunch during the inspection and preparing for the evening meal. We watched the administration of medicines at lunch time. We looked at records relating to the management of the service including four people's support plans and associated records and four staff files including recruitment records. We reviewed a selection of policies, the safeguarding log, and accident/incident records. We looked at handover and communication documentation, minutes of meetings, service audits and health and safety records. Following the inspection visit we spoke with one relative and contacted another to gain feedback. A further professional was also

contacted.

## Is the service safe?

### Our findings

The service continued to provide safe care. People told us or indicated they felt safe living at Worting Road. One person said, "yes" when asked if they felt safe and indicated they would talk to their key worker if they had any concerns. Relatives also felt their family members were safe, one said, "Oh yes I have no qualms with it [the service], no worries at all." People were comfortable with the staff and approached them without hesitation. Their relaxed manner demonstrated they had trust in the staff supporting them. Staff told us they recognised if a person felt concerned, anxious or unsafe by their behaviours and mannerisms. During the inspection we observed staff had an awareness of people's behaviours that could escalate and cause harm to themselves or others. They followed the guidance in people's care plans to avoid harm to anyone.

People were protected from the risk of abuse by staff who had received training in safeguarding people. They refreshed this training each year and were able to tell us what may indicate if a person had been abused and what signs they may exhibit. Guidance was readily available for staff to refer to and relevant contact details were prominently displayed so advice could be sought when necessary. Staff understood their responsibilities and acted accordingly, when necessary reporting concerns immediately to the registered manager. Notifications to the Local Authority and Care Quality Commission had been made in accordance with current legislation. Staff were familiar with the provider's whistleblowing policy and said they would report any instances of poor practice.

Staffing levels were determined according to the needs and requirements of the people living at the service. The registered manager explained recruitment was difficult, but recently they had been successful in recruiting to all but two vacancies. When there were shifts to cover or absences due to sickness or leave, the staff team preferred to cover these shifts themselves. This provided consistency in support for the people living at Worting Road and staff told us it helped to maintain stability. However, agency staff were used when necessary to maintain safe staffing levels. Whenever possible the registered manager requested consistent agency workers who had worked previously at the service, again providing consistency. An on call system was in place to support staff out of hours. They were familiar with the system and aware of who they could call for advice when required. Staff confirmed they were always able to contact the registered manager or another senior person for advice and support when required.

Risks relating to the service and to people's health and well-being were assessed. Examples included risks associated with choking, falls, medicines, nutrition, behaviour, fire safety and travelling in a vehicle. Risk management plans formed part of the support plan for each person and provided guidance for staff. They detailed the support people required to keep them safe in the least restrictive way possible. Regular checks were made to reduce risks related to the building such as legionella, fire safety and water temperatures. Testing was carried out in line with current legislation.

People received their medicines safely and when they were required. Staff were trained in the safe management of medicines and their skills were tested annually. Medicines were ordered, stored and disposed of safely. Audits were carried out weekly with any discrepancies noted and dealt with immediately. When people had been prescribed medicines to be taken 'when necessary', guidelines and protocols had

been prepared for each medicine to direct staff in making sure they were given appropriately.

We observed staff washed their hands regularly and wore personal protective equipment such as gloves and aprons appropriately. The service was clean and followed a colour coded system for cleaning equipment and materials. The provider had a contingency plan which provided guidance in dealing with emergency situations such as fire, staff shortage or loss of utilities.

Recruitment procedures were robust and helped to ensure staff of suitable character were employed to support people. Appropriate checks were completed including a Disclosure and Barring Service check. Accidents and incidents were recorded, investigated and when necessary action was taken to reduce the risk of recurrence. Incidents were discussed at team meetings so learning could be taken from them to improve the service for people.



## Is the service effective?

### Our findings

At a previous inspection in August 2016, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider had not ensured that mental capacity assessments and best interest decisions were recorded when people were unable to make decisions about managing their finances and medicines. We asked the provider to send us an action plan to tell us how they would meet the requirements of the regulation. At this inspection we found people's mental capacity had been assessed and best interest decisions made in regard to supporting people with their finances and medicines. Staff told us they encouraged people to still maintain as much independence in these areas as possible while recognising their vulnerability and need for support. For example, supporting them to pay for items in shops. This meant the requirements of the regulation had been met.

The service provided effective care and support to people. People received support from staff who were trained in the skills required by their job role. New staff received an induction and were required to complete the care certificate following this. The care certificate is a set of standards adhered to by health and social care workers in their daily work. In addition to this the provider had a set of training topics which they considered to be necessary for all staff. They included basic life support, food safety, infection control, safeguarding and nationally recognised training in managing behaviours which may cause distress. Refresher training was provided annually in these topics and the training matrix indicated it was kept up to date. Staff praised the training they had received and one described it as "brilliant" while another commented on how it had helped them as a new member of staff to understand the people they were supporting. Other training was provided in relation to the particular needs of people, for example a member of staff said they had recently had an autism awareness session.

The provider encouraged staff to develop and provided opportunities to all staff to take nationally recognised qualifications in health and social care. Furthermore, additional support was provided for any staff who may have difficulty in learning in order to give them an equal opportunity to gain a qualification. Senior staff also benefitted from specific management training to provide the necessary skills for their role.

Staff were supported through regular one to one supervisory meetings with their line manager. These meetings provided opportunities to discuss their work, issues or concerns they may have as well as training and development opportunities. All staff received an appraisal of their work annually. Staff told us they felt they received good support from the management staff and said they could go to the registered manager whenever they needed to. One said, "[Registered manager] is always there if I want to talk about anything, whether it's about work or any other problem." Staff also praised the support received from the operations manager and told us they made themselves available whenever help was required.

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 to 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 checked the service was working within the principles of the MCA. Staff had received training and they were able to tell us how they applied the MCA to their everyday work. The registered manager had submitted applications to a 'supervisory body' for authority to deprive people of their liberty when this was necessary. The registered manager monitored the authorisations and adhered to any conditions applied. Authorisations were kept under review and re-applied for as necessary.

Staff promoted people's rights to make decisions for themselves. Each person had a decision making profile which detailed how staff could assist people in making decisions. For example, one person was often tired and sleepy in the morning so they were supported to make decisions later in the day when they could retain information more easily. Other people's profiles suggested the best way to present information and choices to encourage them to make a decision. People were consulted and asked before any support was provided. We observed people being encouraged to make choices for themselves such as how to spend their time and what they wanted to eat. Where more complex decisions had to be made such as those related to healthcare interventions, staff spent time working through options with people. When appropriate they had involved family and health and social care professionals to assist the person to make a decision or had made a decision in their best interests.

People were supported to have sufficient nutrition and hydration. Staff spent time with people to discuss their food preferences and plan a menu that would incorporate their choice and also encourage healthier foods. Menus were planned on a four weekly cycle but people were able to select different options if they did not like what was on the menu for a particular day. We saw how people were able to take part in preparing meals if they wished to. People chose where and when they wished to eat, some choosing to eat with others while others liked to fit their meals around activities they wanted to do.

People were supported to maintain their health and had access to a variety of relevant professionals. Staff provided support to assist people to attend appointments and sought advice promptly when they had concerns about a person's health. For example, people had been referred to a speech and language therapist when a risk of choking had been identified. We also saw advice had been sought from a physiotherapist for a person with mobility issues. Each person had a health action plan and they were encouraged to attend regular check-ups with other professionals such as dentists and opticians. A document called "All About Me" was completed for each person and provided details regarding support a person may require should they need to be admitted to hospital. This meant hospital staff would have guidance on such things as how people communicated and their preferred routines.

## Is the service caring?

### Our findings

The service continued to be caring and staff supported people in a kind and understanding manner. Not everyone living at Worting Road was able to tell us their experiences of living there. However, one person said they were "happy" and the staff were "nice". Others indicated they were content by their behaviour and demeanour. People were mostly relaxed and calm as they went about their daily activities. However, if people became anxious or distressed staff responded quickly to reassure and comfort them following the guidance in their support plan.

Throughout the inspection visit we noted there was spontaneous rapport between people and staff and noted interactions were reciprocated. For example, one person's support plan stated they enjoyed "a banter" with the staff. Staff laughed and joked with this person throughout the day, engaging them and gaining positive responses, smiles and laughter. People interacted with staff without hesitation and some actively sought their company. When people did not do this independently, staff approached them to engage them and interact.

Staff worked together to ensure people's wishes and requests were acknowledged and responded to. For example, one person wanted to go to the shop, although this had not been planned, staff worked together to enable this to happen. After their trip the person was happy and relaxed.

There was a strong, person centred culture within the service. People's wishes and choices were respected by staff who empowered them to take control of their daily lives, make decisions and maintain their independence as much as possible.

Staff interacted with people respectfully and when they spoke about people there was a genuine warmth and respect in their tone. They gave people time to respond at their own pace, not hurrying them or interrupting. Daily records also reflected this respect and made positive reference to people and what they had done during the day. Staff had a good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Relatives told us they were made very welcome when they visited. One said, "Yes, we always get a cup of tea and they will offer us a meal if we want it." Staff supported people to maintain relationships with friends and family who were important to them. Some people did not have any family or friends outside of the service but the registered manager encouraged advocates to visit and provide support and a voice for these people.

People's privacy and dignity were respected by staff and other people living in the home. People's bedrooms were decorated to their own tastes and furnished with their personal belongings which reflected their interests. One person told us about one of their hobbies and we saw their room contained items relevant to this which they proudly showed us. Staff respected people's wish to spend time alone in their room and balanced this with checks carried out to ensure people were safe and did not become socially isolated.

Staff understood their responsibilities for maintaining confidentiality, in particular the importance of not leaving confidential information where unauthorised people could read it. Records were stored securely in

the registered manager's office, on the computer system or medicines room.

## Is the service responsive?

### Our findings

At this inspection, we found people continued to receive responsive care.

People received support that was individualised to their personal preferences, needs and cultural identities. People's needs were assessed in order to develop a support plan. Support plans were extremely detailed and were reviewed regularly with any changes being documented clearly and communicated to staff. Staff told us they were kept up to date with information and there were several routes of communication used to ensure this. For example, during the inspection we observed staff communicating to ensure they were all aware of where people were, what people were doing and what was happening in the service. Other lines of communication included the service diary, shift /work planners, and communication books. In addition, a 'read and sign' file contained copies of such things as updated policies and important memos which the provider required all staff to read and acknowledge understanding.

We spent time in the shared areas of the service with people to understand if their needs were met in a timely manner. We saw staff knew people well, anticipated their requests and understood their preferred routines. They responded to them promptly and in line with people's support plans. Relatives felt their family members received care that was reflective of their individual needs. One relative said, "They know what [name] likes and he's very happy. It's the longest he's lived anywhere."

People were supported to maintain their interests and hobbies. People's activities varied according to their personal preferences and wishes. Staff told us that one person enjoyed anything to do with gardening. The registered manager told us that the person was being supported to attend a local gardening project on a regular basis which they really enjoyed. They attended this activity on the day of the inspection and we could see they were happy and smiling upon their return.

People were encouraged to take part in activities they enjoyed and had an individual activity timetable which also included time for relaxation and rest. The registered manager acknowledged people were increasing in age and therefore their activities had been reviewed. Some people now opted for a slower pace. Never-the-less, people were still busy and enjoyed going for walks, listening to music, visiting local attractions and attending social clubs and events. The registered manager told us they maintained links within the community so people could get involved if they wished. Staff told us they were supported and encouraged to assist people in activities of their choice.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information in a way they can understand. A variety of communication methods were used including photographs, pictures, objects of reference and Makaton which is a sign language used to help people with learning disabilities communicate.

Information was provided to people and their relatives about how to raise a complaint about the care they received should it be necessary. This was also available in a format suitable for people who used the service. Four complaints had been raised since our last inspection which had been investigated and responded to in

accordance with the provider's policy.

## Is the service well-led?

### Our findings

The service continued to be well-led. At the time of our inspection there was a registered manager in post. They told us they had been the manager since January 2018 but their registration process with the Care Quality Commission (CQC) had just been completed. They knew the service well as they had worked as a senior member of staff for a number of years prior to being promoted.

People, relatives and staff spoke positively about the registered manager and told us they were "very supportive". One staff member commented, "[Name] always listens, she's always there if we need her." Another said, "I've been allowed time to get to know people which I really appreciate." Staff described the registered manager as always being available and willing to take action when necessary. They felt there was good team working and a culture of openness and honesty between the team members. One told us, "We're very open and speak freely to each other."

The Registered Manager had values and a vision that clearly put people at the centre of the service and focused on their needs and desires. They wanted to offer people opportunities to be as independent as possible and support them in attaining a fulfilled life. The registered manager acknowledged the support they received from the operations manager and provider. They said they could seek advice whenever they needed to.

Team meetings were held regularly and were used to discuss good practice to achieve positive outcomes for people. Staff had allocated roles and clear responsibilities in the service. These included carrying out health and safety checks and medicine audits. The registered manager then followed this up to ensure all necessary checks had been completed. They also carried out observations of practice, again to monitor the quality of the service.

There was a system in place to monitor the quality and safety of the service. A series of checks were completed daily, weekly and monthly for such things as fridge temperatures, fire safety and infection control. In addition to these internal audits, quality assurance visits were conducted by the operations manager. Audits were aligned to the key lines of enquiry used by the CQC to ensure the service was meeting the required regulations. Where any deficits were identified an action plan was developed and checked at the following visit. We reviewed the most current audit and action plan and saw progress and improvements had been made. For example, refresher training had been brought up to date and refurbishment of some areas of the service had been planned.

The provider valued the input and views of people who use the service, their relatives and staff. An annual survey was completed and we saw positive comments had been made. For example, a relative said, "I cannot fault any of the care people receive. It's a relaxed, friendly atmosphere." Another commented, "Staff are friendly, committed, caring, polite and respectful to the clients." Staff had written, "Communication between staff and residents is always put first and they are encouraged to be the best they can be. It's a relaxed, friendly atmosphere" and "Wonderful, it's like being part of a big happy family who support each other."

