Voyage 1 Limited

Milverton Road

Inspection report

6 Milverton Road
Willesden
London
NW6 7AS

Tel: 02084591140
Website: www.voyagecare.com

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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

This unannounced inspection took place on 8th and 12th June 2017.

Milverton Road is a home for six people with learning disabilities and physical disabilities, the home had currently one vacancy. The home is managed by Voyage, a large national provider for people with learning disabilities.
A new registered manager had recently started at Milverton Road. 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.

During our last inspection in March 2015 we rated Milverton Road good.

People who used the service were safe and staff knew whom and how to report allegations of abuse.

Risk to people who used the service was minimised, by assessing people's risk and providing detailed risk management plans.

The provider had robust recruitment procedures in place, which ensured that only appropriately vetted staff worked with vulnerable people. .

Staffing levels were based on people's dependency levels and assessment by the provider.
Medicines administration was mostly safe, however the registered manager acknowledged that recording of some medicines and the storage of some medicines needs to be improved.

Staff received a wide range of mandatory training and also had access to specialist training and further development. A new system to ensure planned supervisions will be provided six times per year had been introduced and staff started to receive their supervisions regularly.
Appropriate requirements and regulations had been followed when people lacked the capacity to make independent and safe decisions in regards to the treatment or care provided.

People were provided with a healthy and well balanced diet. Their dietary needs had been met and support to eat was provided where required.

People's changing health care needs were attended to and health care professionals had been contacted when required.

People and staff had positive professional relationships with people. Staff had good knowledge and understanding of people's needs.

People's care plans were of a good standard and based on information obtained during assessment. When people were unable to communicate their needs appropriate advocacy services and/or people's relatives were invited to contribute to the care planning and care plan review process.

Complaints were responded to appropriately, and the format of complaints systems and procedures reflected that people were unable to read, by the inclusion of visually appropriate documents.

Care staff we spoke with were clear about the organisational aims and vision. The senior management were visible and the executive team engaged regularly with people who used the service and staff.

The management of the home had recently changed and positive feedback was received in regards to the transparency, visibility and support the new registered manager was providing.

Quality assurance systems were in place; however on some occasions in particular recording of topical medicines required some attention. We saw that the new registered manager had made an impact since staring and the changes were reflected in this report. The registered manager demonstrated awareness and provided reassurance that further changes will be introduced to ensure the quality of treatment or care provided will continue to improve. You can see what changes had been made or planned at the back of the full version of the report.

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 was safe. Appropriate systems and training ensured that allegations of abuse would be dealt with appropriately.

Risks to people in regards to treatment or care were assessed and managed appropriately

Robust recruitment procedures ensured that people were supported by staff appropriately vetted to work with vulnerable people.

Medicines was mostly managed safely, however on occasions some of the recording required greater attention.

The home was clean and free of any offensive odours.

Is the service effective?

Good

The service was effective. Staff had access and undertook appropriate training to ensure people's needs were met. Supervisions and appraisals were not always planned frequently, but the registered manager had taken actions to resolve this.

People deprived of their liberty to receive care and treatment had appropriate deprivation of liberty safeguards in place.

People were supported to eat and were provided enough to eat and drink and maintain a healthy and well balanced diet.

People were supported to access healthcare services and their health care needs were met.

Is the service caring?

Good

The service was caring. Staff had positive relationships with people who used the service.

People were encouraged to express their views and their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. Treatment or care was assessed and planned. Personalised care plans ensured care or treatment was responsive to people's needs.

People were encouraged to raise concerns and complaints and appropriate action was taken if required.

Is the service well-led?

Good

The service was well-led. Quality assurance checks and audits were occurring regularly but sometimes did not recognise shortfalls within the service.

Staff, people and their relatives spoke positively about the registered manager.

The registered manager and staff were aware of the vision and values of the service and worked hard to improve the quality of life for people they support.

Milverton 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8th and was unannounced. We told the provider that we would visit the service for a second time on 12th June 2017.

The inspection was carried out by one inspector. This was because the service was small and additional inspection staff would be intrusive to people's daily routines.

Before the inspection the provider completed a Provider Information Return (PIR). This 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. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met all the people living at Milverton Road. Some people were not able to explain their experiences of living at the service because of their health conditions. We spoke with one relative and observed how the staff spoke with and engaged with people. We spoke with the operation manager, the registered manager, one senior care worker and two care workers. We received written feedback from two visiting health care professionals.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed three care plans and associated risk assessments. We looked at a range of other records, including safety checks, records kept for people's medicines and records about how the quality of the service was managed.

Good

Is the service safe?

Our findings

One relative told us "[Person's name] is usually safe and well looked after. [Person's name] is always well dressed and looks happy when I come around." Staff told us that they would report allegations immediately. One care worker said "I would report abuse straight away it is not acceptable."

Care workers told us that they had safeguarding training and told us that they would report any abuse they witnessed, heard about or were told about to the registered manager, the operations manager, police local authority or Care Quality Commission. Training records viewed confirmed that all staff had received up to date safeguarding training and a programme was in place to ensure training was updated annually.

Risk assessments form part of the support guidelines in the care plan. For example, support guidelines in regards to a person's nutrition had a risk assessment and risk management plan attached to it. The risk assessment was very detailed and reflected the severity of the risk to the person's safety, and how this risk needed to be managed by staff to minimise risk of harm. We saw that risk assessments were reviewed monthly during key worker meetings with each individual person and updated as and when required. A more detailed review of risk assessments was carried out by staff, people's relatives and significant others every six months during a more formal review of the care plans. This meant processes and systems in place ensured that risks in relation to treatment or care were minimised and addressed when required.

The provider had a system in place to ensure that equipment provided such as hoists or passenger lifts were serviced regularly. In addition to this electrical and gas installations and white goods were checked regularly. For example, during the second day of our inspection an outside contractor undertook the annual electrical portable appliance test (PAT). Fire evacuations and fire safety checks had been carried out periodically and all people had an up to date personal emergency evacuation plan (PEEP) in place. Regular fire safety checks and a fire safety risk assessment ensured that people were protected in case of a fire.

The provider followed robust recruitment procedures, new staff provided proof of identity and the right to work in the United Kingdom, proof of address, two references and a police check. Staffing records confirmed this to be in place and staff spoken with told us that they had to provide suitable documentation prior to be offered employment.

The relative we spoke with told us, "There is always enough staff around when I come to visit [person's name]." The rota was planned four weeks in advance and showed that three staff worked during the day and two staff including one 'waking night' worked during the night. Each shift comprised of a senior member of staff and during the week the registered manager was available to provide support. Staff told us that they were very busy during the morning and had more time in the afternoon to spent time with people who used the service. This was observed during our inspection. We spoke with the registered manager about this who advised us that he was not able to increase staffing, however he was planning to review the rota and see if some changes provided greater flexibility to staff in giving people greater attention during the morning. We were also told that the home currently had seven vacancies, which the provider had advertised on various recruitment sites, but found it difficult to find suitable staff. Staff told us that is sometimes challenging, in

particular if relief staff was new to the service. We spoke to a senior support worker about this, they told us "We recently started to use a new agency and it was difficult at the beginning, because they didn't know the people we support, but we gave the staff a good induction and it became much better lately." Vacancies were currently covered with regular internal bank staff working in other Voyage services or regular agency staff. This meant that sufficient staff were deployed to meet the needs of people who used the service, however people would benefit from a review of the rota and more permanent staff, which the registered manager told us was currently been dealt with.
We viewed medicines administration records for three people who used the service. We found that one record had no medicines profile and medicines history that provided information on what medicines the person, was supposed to take, their side effects and how the person preferred to take their medicines. Medicines administration records (MARS) for topical medicines such as creams were not completed appropriately and we found gaps in three records we viewed. This meant we were not clear if people had received their topical medicines as prescribed. We discussed this with the registered manager who advised us that he was in process of updating the person individual medicines records and will discuss with staff to keep a recording sheet for topical medicines in people's rooms to ensure that they were signed after each application. The medicine fridge in the kitchen was found to be unlocked on both days of the inspection and contained medicines which required refrigerated storage according to manufacturer guidance. We however found the temperature of the fridge was within the required safe temperature range. On the second day of our inspection the registered manager advised us that a new lockable medicines fridge had been purchased and the home was currently waiting for the maintenance person to make appropriate arrangement for the fridges to be replaced and the new fridge fitted safely. This meant that the registered manager had taken immediate action to ensure all medicines were stored safely.
Staff told us they had received training in the administration of medicines and their competency had been assessed to ensure they had the rights skill and knowledge to administer medicines safety to people. This was confirmed by training records. We viewed MARS for medicines not to be administered topically and noted that all records were of good standard and had no gaps. Medicines stock levels corresponded with records and arrangement for the safe storage of medicines was appropriate. For example medicines were stored in a lockable metal medicines cupboard in the office and the key was kept by the shift leader during both days of our inspection. This meant that were stored safety and people received their medicines safely and as prescribed by their doctor. A health care professional told us that "Prescriptions are always provided on time and the communication between the home and pharmacy is good."

Staff were responsible for the cleaning of the home and we saw that appropriate cleaning materials and equipment had been used to prevent cross infection. Staff had received infection control training and we saw staff using suitable protective clothing such as gloves and aprons when supporting people and handling food.

Good

Is the service effective?

Our findings

Staff told us that they found it easy to access training. One care worker told us "I have done all training on the El-box [electronic learning system]. I can access all training offered by Voyage electronically using the El-box." We asked staff about supervisions. One person told us "I didn't have supervision this year" and another care worker told us "Having more regular supervisions would help." One relative told us "Staff know what they are doing."

We looked at training records and saw that staff had easy access to complete training provided by Voyage. The majority of training is provided electronically. However, training such as manual handing and management of behaviours that challenge the service were provided class room based. Training records showed that the majority of staff had completed appropriate training. However, we saw from staffing records, that staff supervisions were not planned and had not happened frequently. For example, prior to supervisions provided in May 2017, staff had not received any formal one to one supervision meetings in 2017. Staff spoken with confirmed this "I had supervision recently, but can't remember how long ago I had the one before this one". We discussed this with the registered manager who advised us that he had planned to ensure supervisions happen six times per year, which was in-line with the provider's supervision procedure. We saw names and dates of planned supervisions for June 2017 on the noticeboard in the office. During both days of our inspection we saw staff demonstrating competence and knowledge in supporting people using the service; we observed good manual handling procedures and administration of medicines.

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 application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us "I can't stop people from doing what they want to do; I always assume people have capacity to do things." We saw in people's care records that the provider had obtained appropriate DoLS authorisation for particular events or activities, which included medicines administration, going out independently and accessing medical treatment. This meant that people were able to make their own decisions, however if people lacked capacity decisions had been made which were in their best interest.

People received a varied, healthy and well balanced diet. Meals were home cooked and reflected people's likes and dislikes. Staff told us that the menu was planned together with people who used the service using pictures to assist them in making choices. We observed lunch time during both days of our inspection and saw that people were offered alternatives if they didn't like the meal offered. People who required assistance to eat were supported by care workers. We saw that people were given sufficient time to eat and observed

staff chatting with people during their meal. The fridge was well stocked and fruit, drinks and refreshments were offered to people throughout the day.

People's health care needs had been met. We saw in people's records that care workers responded quickly to changes in people's health. For example one person was at risk of choking due to eating too fast. The home referred the person to the speech and language therapy service and an assessment had been carried out. The guidance was clearly displayed in the kitchen and staff were able to tell us how to support the person appropriately. All people had an up to date hospital passport, which could be used if people had to visit the hospital to provide hospital staff with the necessary information about the person to ensure their support needs were understood and met. People were registered with their own GP and staff supported people to access dental care, opticians and podiatry services regularly.

Good

Is the service caring?

Our findings

A relative told us "[Person's name] seems to be very happy" and "She is always well dressed, has regular showers and staff are very cooperative and friendly."

We observed positive interactions between people who used the service and staff. Staff spent time with people to talk with them, reassuring them when they became upset, supported them with activities and spent time with them in the garden. Staff supported people when they chose to be on their own. However, we noted that the staff working at the home did not arrange a birthday party for one person living at Milverton Road. We spoke with the registered manager about this, he accepted that the home should have arranged a birthday party if the person had wanted one, but explained that due to him being new and a lot of staff changes that the staff team overlooked the person's birthday. We saw that the weekend after the first day of our inspection, the home has arranged a birthday party for this person. The registered manager also advised us that he will prepare a list of people's birthdays and display them clearly in the communal areas to ensure that this will not happen again.

People were supported to practice their religious faith if they choose to do so. For example, one person attends a local Muslim centre every Saturday, which the person does enjoy and was also important for the person's family to keep connected with their cultural and religious background. People had access to a local advocacy service if they required help and support in making important decisions about their lives and do not have a relative to speak on their behalf. Currently none of the people living at Milverton Road use the service offered, however one person had access to an independent mental capacity advocate (IMCA), who visited the person on the second day of our inspection and discussed issues with the person in regards to living at Milverton Road. We spoke with the IMCA briefly who raised no concerns and advised us that a report will be send to the home once completed.

Care workers told us "Putting people first is my priority." For example "I use pictures and photos to communicate with people and see their reactions when they can make a decision about what they want to do." We observed staff asking people what they want to do and if they were happy with activities and food offered. We saw staff treating people with dignity and respect, observed staff knocking on people's doors and covering people so they were not exposed. This meant people's privacy and dignity was respected and promoted.

Good

Is the service responsive?

Our findings

One relative told us "Staff will contact me and tell me if anything is changing with [person's name]", "Since the new manager started, [person's name] is doing more activities. [Person's name] has not been on holiday for a long time" and "They will invite us for care plan reviews." We asked care workers about the care plans, they told us "We have a key worker system and review the care plan once a month and every six months we arrange for a full review, with family and social services."

Care plans viewed were based on people's needs. A detailed needs assessment was carried out by the registered manager or operation manager prior to admission. People's needs assessments had been reviewed once a year and their care plans had been updated. The home has a key working system in place, which meant a member of staff was responsible for the upkeep of the person's care plans, and their regular review, but also advocated on the person's behalf during review meetings.

Care plans were of good standard and provided holistic information in regards to the person's needs and preferences in a range of areas including; personal hygiene, continence, health and wellbeing, nutrition, mobility, behaviour and community presence. Care plans had been reviewed by the key worker monthly and any changes to the person's needs had been documented and appropriate action taken. For example one person had changes to their behaviour and a behaviour assessment had been carried out as well as a referral to the person's GP to assess if the change in behaviour was relating to any problems and changes in the persons health.

Since our last inspection a number of people started to access a local day centre for two days per week. People were also visited by an art therapist, aroma therapist and music therapist on set days during the week. We observed the visit of the art therapist whose session involved all the people using the service. One person displayed their completed art work on the notice board in the kitchen. A relative told us "Everyday something happens." The registered manager told us that the home is currently looking into more activities for people. The registered manager said that "A designated driver will be employed and shared between other services, which would allow us to plan for more outings."

The complaints procedure was displayed on the notice board in the kitchen; it was available in pictorial format to assist people unable to read accessing it. The provider had also a designated complaints mailbox so people could send complaints anonymously. The relative told us that he would raise any concerns with the registered manager. The relative told us "The new manager listens and is very cooperative." The PIR informed told us that since our last inspection the service had received one formal complaint, which had been resolved and dealt with. Staff told us that they would raise any concerns with the registered manager, but could also go 'higher'. "I would record any complaints and tell the manager, or would use the whistleblowing procedure and report to the head office."

Good

Is the service well-led?

Our findings

Staff spoke very positively about the new registered manager. They told us that he is "approachable and supportive". One care worker told us "I spoke with [manager's name] about needing a driver and I know he is looking into this at the moment." Another care worker told us that things have improved since the new registered manager started. The person told us "Before [manager's name] started we were struggling, but things have improved. He is very fair." A relative told us "[Manager's name] is very cooperatively and friendly."

Care workers told us that the provider's vision is to improve the quality of life for people who use the service. We spoke with staff about this and they told us "We always try to improve the quality of life for people we support, we listen to them and help them to do the things they can do by themselves." We observed this during both days of our inspection, people were assisted to do things they could not do by themselves and encouraged to do things as independently as possible. For example we saw one person who wanted to be assisted to eat his lunch, but staff encouraged and supported the person to eat the lunch independently. This was done by coaxing and providing positive verbal reassurance.

Staff told us that they had regular team meetings giving them an opportunity to discuss individual people who use the service and any improvements to the quality of care provided. However, we noted that the last formal team meeting was held in March 2017. During this meeting health and safety, whistleblowing and the annual service review was discussed. We spoke with the registered manager and asked why no team meeting was arranged since March 2017. The registered manager told us that he was still 'trying to find his feet', but has planned to hold a team meeting in June 2017.

The registered manager showed us the quarterly audit the service had completed for the first quarter of 2017. The audits were based on the key outcomes safe, effective, caring, responsive and well-led. The overall score for this audit was 68%, the registered manager told and showed us an action plan to address the shortfalls documented during the audit and we saw that some had already been actioned. We viewed further checks and audits undertaken by staff and the registered manager. These included weekly hoist checks, checks of window restrictors, daily sling checks, monthly fire extinguishers checks and monthly medicines audits. However, some of the audits, in particular the monthly medicines audits were not effective. The registered manager told us that he will discuss audits and quality assurance systems during the next staff meeting and improve the practice.

The service undertakes annual quality assurance questionnaires to relatives, staff and people who used the service. This was done in April and May 2017, however the results were currently being analysed by the quality assurance team and the report was not yet available.

The home had a clear contingency plan to ensure the home is managed appropriately when the registered manager and deputy manager were absent. This included a senior care worker being on duty each shift and an on call system for staff to contact in case of any unforeseen emergencies. When the registered manager and deputy manager were not available an operation manager could be contacted. This ensured that the

service was always covered in case of unforeseen staff shortage or any other emergencies.

From our records we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.