

Voyage 1 Limited

48 Burton Road

Inspection report

48 Burton Road
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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

We inspected this service on 22 January 2016 and the inspection was unannounced. This was the first inspection since registration in May 2014.

48 Burton Road provides personal care for up to three adults with a learning disability and associated conditions. There were three people living at 48 Burton Road on the day of our inspection.

There was no registered manager in post at the time of our inspection. The previous manager had deregistered in December 2015 and the provider was in the process of recruiting for a new manager. 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.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. There were sufficient staff available to support people. Medicines were managed safely and people were supported to take their medicine as prescribed.

Staff had the knowledge and skills needed to meet people's care and support needs. The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. People's needs and preferences were met when they were supported with their dietary needs and people were supported to maintain good health.

The delivery of care was tailored to meet people's individual needs and preferences. People were supported to develop and maintain hobbies and interests both at home and in the local community to promote equality and integration. The provider actively sought and included people and their representatives in the planning of care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the provider to drive improvement.

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.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences. Suitable recruitment procedures were in place to ensure the staff employed were suitable to support people.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health and staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. Staff knew people well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence and autonomy. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were central to the

planning and delivery of the support they received. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible and people felt supported to raise any concerns they had.

Is the service well-led?

Good ●

The service was well led.

People, their representatives and staff were encouraged to share their opinion about the quality of the service, to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality and safety of the service provided.

48 Burton 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 was 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 22 January 2016 and was unannounced. The inspection team consisted of one inspector.

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. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with the relatives of one person who lived at the home. We also spoke with one member of the care staff team, a manager from another of the provider's registered services, who was overseeing the management of the service and the operations manager.

We observed how staff interacted with people and looked at two people's care records to see how their care and treatment was planned and delivered. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records for one person to check that people were given their medicines as prescribed and in a safe way. We reviewed two staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet people's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.



Our findings

Although the people that used the service were unable to express their views, our observations of care showed that people were relaxed with staff and enjoyed their company. Relatives told us they were confident that their family member was supported in a safe way.

Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report any concerns immediately to the person in charge. I know we can go to social services or CQC as well if it was needed but I have never had to do that." We saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's individual needs and supported staff to understand the actions that would be required. Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions needed to reduce risks. We saw that actions were in place to minimise the risk, whilst supporting people to maintain as much choice and independence as possible. Discussions with staff and a check on the daily records showed plans were followed to ensure people were supported safely and restrictions on their freedom, choice and control were minimised.

We saw there were enough staff to meet people's needs. For example one person required two staff to support them when they went out in the community and on the day of our visit we saw that this person went out with two staff. This showed us that the staffing levels were determined according to the needs of each person and the activity they were undertaking. People's relatives confirmed that the staffing levels were always maintained to ensure people were safe and able to undertake activities of their choice both within the home and community.

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment

checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files we looked at had all the required documentation in place.

We saw that medicines were managed safely as the provider had processes in place to receive, store, administer, and dispose of medicines safely. We saw that people were supported by staff trained to administer medicines. A medicines administration record was kept and we saw that staff signed when medicine had been given or if not, the reason why. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.



Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing. One relative told us, "The staff are skilled and understand what [name] likes and enjoys doing." The provider stated in their PIR form that a probationary period which included induction training and supervision was provided over a six month period for new staff and this included face to face training. Staff confirmed this and told us that they received training and supervision to support people. This demonstrated that the staff received the necessary training and support to enable them to meet people's needs and promote their wellbeing and independence.

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. We saw that the information in people's assessments and care plans reflected their capacity when they needed support to make decisions and a decision making profile was in place. This provided staff with information on the support the person needed to make a decision and identified how, when and where the staff could best provide information to them in a way they would understand. We saw people were supported to make decisions using sign language, pictures or real life objects. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider stated in their PIR form that since changes were made to the deprivation of liberty safeguards, they had made referrals due to the high level of supervision that was required to keep the people safe. The manager confirmed they had made DoLS applications for everyone that used the service. This was because all three people received one to one support during the day and support when they wished to leave the home. We saw that the provider had ensured that updates were made when needed, to ensure people's rights were protected. Detailed information regarding the DoLS restrictions in place were recorded in people's files. We saw that staff were provided with training to support their understanding around the Act and workshops had been undertaken with staff to help them understand how the DoLS applied to the people they supported.

People were supported to maintain their nutritional health and were supported to follow a healthy, balanced diet. The provider's PIR stated that each person was supported to choose their own breakfast and lunch from foods stored in the kitchen. A member of staff confirmed this and told us that the staff supported people to do their food shopping, which was based on meals they enjoyed and that were nutritionally balanced. The PIR confirmed that as the people supported had difficulties with time concepts, it was difficult for them to choose in advance for their evening meals. The staff confirmed this. One member of staff told us they were responsible for writing the menus for the evening meals. We looked at the menus and saw that two choices were provided at each meal. The member of staff confirmed that if anyone wanted something different to the choices on the menu this was provided. We saw from records and discussions with staff that as people were often out during the day they would eat out. On the day of our inspection two people went out for the day with staff support. This showed us that people were supported to enjoy meals as part of their social activities.

The provider's PIR stated that each person had a health action plan which provided staff with information about their health needs. We saw that people accessed health services and all appointments were recorded. One relative told us, "I am kept informed of any appointments and if [name] is ill the staff ring me." Information was recorded regarding the person's capacity to consent to treatment and the action staff should take if the person was unable to do this. We saw that information regarding people's method of communication and the level of support they required was recorded in their health action plan. This was to ensure people could be supported in an individualised way when accessing health care services.



Our findings

We observed a positive and caring relationship between people who used the service and staff. People appeared comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way. Relatives we spoke with confirmed this. One told us, "The staff are very good, they know [name] well, they know what [name] likes to do and I'm very happy with the support the staff provide." The provider's PIR stated each person that used the service had a communication plan in place. We saw that communication plans were in place that provided individualised information to ensure staff understood how to communicate with people and we saw that staff followed these plans.

We saw that people's diverse needs were met by staff that had a good understanding of their needs and preferences. There was a commitment to support people on an individual basis. People's daily routines varied and they were supported to participate in interests and hobbies outside of the home and relax at home in their preferred way. This empowered people to have a voice and to realise their potential, enabling them to lead a life that was based on their choices and interests. We saw that staff enabled people to maintain their appearance, by supporting them to choose clothing that met their preferences and personal style. This demonstrated that people were partners in their own care and were treated with consideration and respect.

Relatives told us they were kept informed and involved in their family members care. One relative said, "If there are any problems or issues the staff ring me. The staff bring [name] to visit me. I ring them whenever and they arrange it all for me." Information in people's care plans demonstrated that people were supported to maintain relationships with significant people who were important to them.



Our findings

Relatives confirmed that the support provided to their family members met their needs as an individual. One relative told us, "I think that [name] enjoys their life, they go out and about which they love doing and always seem happy when they visit me. I am quite sure that all they get all the help they need from the staff." Relatives told us and we saw that reviews of care were completed in partnership with people and their representatives and these were centred on people's diverse needs.

We saw that the support provided was individualised to meet each person's needs. One person enjoyed being out in the community and they were supported to go out on a regular basis. The provider's PIR stated that one person had been supported to purchase an electronic tablet which had reduced their anxieties as the tablet has helped them and enabled them to make choices. We saw that the person used their tablet throughout the day to listen to music and make choices about what they wanted.

We saw that people received continuity in the support they received because they were supported by a regular team of staff that knew and understood them. Staff had the relevant information required to support people. We saw that a full assessment had been completed that included people's needs and preferences. Plans were specific to individuals and staff we spoke with demonstrated a good understanding of people's needs.

Staff worked in partnership with people to ensure they were treated as individuals with their own interests, values and preferences. Information was provided about each person regarding what people liked and admired about them, what was important to them and how best to support them. Where possible the service matched staff with similar interests and hobbies to the people they supported. This was done to further enhance the experiences that people received by working with staff that had a common interest.

Staff told us that any complaints or concerns made to them would be reported to the person in charge. Relatives confirmed they were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One relative said, "If I had any concerns, I would ring the home but I haven't needed to do this." This showed us that people's representatives felt able to express any concerns or areas for improvement.

A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw a system was in place to record complaints received and the actions taken and outcome. The manager confirmed that no complaints had been received in the last 12 months.



Our findings

Relatives spoke highly of the registered manager who had recently left the service.. They were aware that the provider was advertising the manager's position and were aware of the arrangements in place until the new manager started. One relative told us, "The staff seem to work well together as a team." Staff confirmed that two managers from other homes owned by the provider were providing managerial support until a new manager was recruited. The operations manager confirmed that the recruitment process for a new manager was ongoing at the time of this inspection. Staff were supported by a clear management structure and demonstrated that they understood their roles and responsibilities. One member of staff said, "There are senior support workers and if a manager is not available, we can ring them, if we need any advice."

Annual satisfaction surveys were sent out to relatives to get their views and we saw that positive responses were received regarding the support their relations received. As people were not able to verbally express their views, summaries were undertaken every month using information from daily records. This enabled the staff team to assess the support that people received by taking a reflective look at people's experiences for that month regarding all areas of their life.

We saw that audits were undertaken by the manager to check that people received good quality care. We saw the provider had linked audits of care with the new fundamental standards and associated key lines of enquiry to promote good practice. Audits covered any incidents and accidents, complaints, medicines management and infection control. We saw the registered manager checked for any patterns and trends to ensure actions could be taken as needed and where improvements were required actions had been taken. For example one audit showed that food in the fridge had not been covered and labelled and actions had been taken to address this. In addition to the manager's audit, three monthly visits were also undertaken by the provider to audit areas of care such as people's care plans, medicines management and to observe the support provided to people that used the service and by speaking to staff. Staff confirmed that during these visits they were assessed on their knowledge and understanding. One member of staff told us, "Last time I was asked questions about safeguarding adults. I think it's good because it helps me to remember the training I've had and I feel more confident and knowledgeable." We saw that where actions were needed to improve staff understanding this was provided. For example in one audit staff had been asked about the MCA and DoLS and we saw that additional training had been provided to staff to improve their understanding.

We saw that checks of medicine's administered were made within the hour that they had been administered and stock balance checks were undertaken on a daily basis. This demonstrated that robust checks on

medicines were in place to ensure that any errors were identified quickly.

The data management systems in place ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.