

Voyage 1 Limited

45 Hall Green Road

Inspection report

Hall Green
Hall Green Road
West Bromwich
West Midlands
B71 3JS

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

45 Hall Green Road provides accommodation and or personal care for up to eight people living with a learning disability, autistic spectrum disorder or acquired brain injury. At the time of this inspection eight people were living there.

People's experience of using this service and what we found

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives. However, people were not always supported to have maximum choice and control of their lives and the provider did not always support them in the least restrictive way possible or in their best interests; the application of the policies and systems was inconsistent and did not always support good practice. Voyage Care published people's private and personal information on their website without the consent of the person or identifying if it was in their best interests.

People were not always safe as the systems and procedures at 45 Hall Green road were ineffective in identifying improvements needed in safety.

People did not always receive their medicines safely. When people had prescribed medicated creams for pain control the information provided was inconsistent and unclear for staff members to consistently and safely follow. Staff members did not date topical medicines when they commenced their use.

The infection prevention and control measures and checks were ineffective in identifying and correcting defective equipment.

The providers quality monitoring procedures were ineffective in identifying the improvements which were needed to drive good care and support.

People were protected from harm and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do. People had information on how to raise concerns and were confident any issues would be addressed correctly.

People had individual assessments of risk associated with their care and support.

Staff members were aware of the necessary action they should take in the event of an emergency.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

People had access to additional healthcare services when required.

People were supported to maintain a healthy diet by a staff team which knew their individual likes and dislikes.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender, disability and religion.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

Rating at last inspection

The last rating for this service was 'Good' overall with requires improvement for the safe domain (published 27 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the need for consent and the overall governance at 45 Hall Green Road.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 45 Hall Green Road on our website at www.cqc.org.uk

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

45 Hall Green Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

45 Hall Green Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was asked to complete a provider information return, but this inspection was completed before we required them to return it to us. However, the registered manager provided us with a draft copy of this on the day of our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. In addition, we spent time with people in the communal areas observing the care and support provided to help us understand the experience of people who could not talk with us. Following this inspection site visit we spoke with one relative on the phone.

We spoke with six members of staff including, the registered manager, deputy manager and four support workers.

We reviewed a range of records. This included three people's care records including the records of medicine administration. We looked at two staff files in relation to recruitment and staff supervision. In addition, we looked at a variety of records relating to the management of the service, including quality monitoring checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Requires improvement'. At this inspection this key question has remained the same, 'Requires Improvement'.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were at risk of receiving unsafe and inconsistent care and support with their prescribed medicines.
- At our last inspection we identified people were not safely supported with their medicines. For example, eye drops had not been dated when they were opened. At this inspection we have found similar concerns. We found a medicated cream prescribed for pain control had not been dated when opened. The instruction to staff members on how to support the person was inaccurate and confusing. For example, we saw one instruction stating the cream should be applied twice a day and another stating it should be applied three times a day. The medication administration records also stated this cream was to be used as a 'PRN' which was 'as and when needed.' However, the registered manager told us this was a mistake and the cream was not a PRN. The only instruction on how much cream should be applied stated 'Evenly'. Neither the registered manager or deputy manager could tell us what this instruction meant. At this inspection the management team returned this medicated cream to the pharmacy as they could not be sure when it was opened or if it was still safe to use.
- Staff members told us they were trained and assessed as competent to safely support people with the medicines. However, none of the staff members had identified or corrected the inaccurate instructions regarding this medicated cream.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members. However, this system was ineffective as it failed to identify and address the concerns we found regarding people's medicines.
- Following our inspection the registered manager forwarded us a copy of the amended medicines administration record with clearer instructions on when the medicated cream should be applied.

Assessing risk, safety monitoring and management

- People were not always safe as the providers risk management processes were ineffective. For example, we looked at the fridge temperature recordings. The monitoring forms used by the provider stated the fridge temperature should be at or below eight degrees Celsius. We saw temperatures were consistently recorded above the safe level indicated. In some instances, the recordings were 14 degrees Celsius above the safe storage of food defined by the provider's records.
- The management team completed regular checks of these temperatures. However, they failed to record any action taken to keep people safe. On the day of our inspection all perishable foods stored in this area was destroyed and the fridge temperature set at a safe level after we raised our concerns with the

management team.

- Following our inspection, the registered manager contacted us to confirm a new fridge had been ordered as the existing one was faulty.

Preventing and controlling infection

- The infection prevention and control processes at 45 Hall Green Road were ineffective in identifying and addressing the risks to people. For example, we saw a recent infection prevention and control check had been completed by a member of the management team. This stated that the seating on a shower chair was in a safe condition. When we looked at this piece of equipment it was clear the seating was extensively damaged and in need of replacement.
- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. However, staff members had failed to recognise the damaged piece of equipment and failed to report it.
- Following our inspection, the registered manager contacted us to confirm a new shower chair had been ordered.

Learning lessons when things go wrong

- The management team told us they analysed incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people. However, this is the third consecutive inspection of 45 Hall Green Road where we have identified improvements were needed regarding their management of medicines. The systems for learning when things go wrong was ineffective and put people at risk of receiving unsafe care and support.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed. However, this was not used effectively as the issues we have identified at this inspection had not been identified or addressed by the provider.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested. Throughout the inspection we saw staff members engaging with people in activities and chatting. This indicated to us staff members were appropriately deployed to effectively meet people's needs and they also had time to socialise with people.
- The provider followed safe recruitment processes when employing new staff members.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt protected and free from abuse at 45 Hall Green Road. One person told us, "I feel as safe as houses here. They [staff] take good care of me and look after me."
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.
- People were supported to identify and mitigate risks associated with their care and support. These included risks to people's mobility, diet and nutrition.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question had deteriorated to 'Requires Improvement.'

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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 had the appropriate legal authority and were being met.

- People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible or in their best interests.
- We saw the provider had failed to follow recognised best practice when they made the decision to release private and confidential information for the specific purpose of advertising their services. This related to someone who did not have the capacity to understand or make such a decision for themselves. The provider failed to follow the principles of the MCA. They did not complete a time or decision specific mental capacity assessment to determine whether this person had the capacity to make the decision themselves. The provider sought the permission of a family member who did not have any recognised legal authority to make decisions for their relative. The provider could not demonstrate the decision they made to release this private information was in the best interests of the person they were supporting.

This was a breach of Regulation 11: Need for Consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the registered manager contacted us and confirmed they had now completed the necessary assessments and followed the best interest decision making process.
- We saw the provider had made appropriate applications to deprive a person of their liberty and had systems in place to ensure any renewed applications were made in a timely way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious and cultural backgrounds and preferences.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had received appropriate training and who felt supported by the provider and the management team. Staff members we spoke with told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding, infection prevention and control.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had a choice of the meals provided and alternatives were available if they disliked what was offered. We saw people making decisions about what they wanted to eat and when. We saw one person had changed their mind about what they wanted to eat. Staff members supported them to identify an alternative which they agreed to. Another person told us they were being supported to lose weight. They said they have a goal in mind and were moving slowly to achieving it.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from 45 Hall Green Road.

Adapting service, design, decoration to meet people's needs

- We saw people moving safely around 45 Hall Green Road. When people needed additional support to orientate themselves we saw this was provided in a supportive and empowering way to increase individual's confidence and abilities.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, nurses and dentists. When it was needed people were referred promptly for assessment.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to

support them in the best way to meet their personal health outcomes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has deteriorated to 'Requires Improvement'.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People did not always have their personal and private information kept confidential by those supporting them. We saw details about one person's private life had been published on Voyage Care's website. This was private and confidential information which the provider used to advertise their services. This did not demonstrate dignified care or respect for individual's privacy.
- People were supported to develop their independence and independent living skills. One person told us they now feel comfortable going out on their own and doing things without a staff member directly supporting them.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with care by a helpful, kind and considerate staff team. People described staff members as, "Nice," "Lovely," and "Spot on."
- All those we spoke with were complementary about the staff supporting them and the management team.
- All staff members, we spoke with, talked about those they supported with fondness, compassion and genuine positive regard.
- People were supported during times of them being upset and encouraged to express their feelings appropriately. One person said, "If I get angry and can talk to anyone one here. They know and understand me."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported to make decisions about their care and support. One person told us how they helped to choose the menu for the week. They said, "We all have our favourite foods and it is good to include what people like. We can do what we want and if staff need to support us [registered manager's name] will change the rota so someone can come with us. It's very flexible here."
- People told us, and we saw, they were involved in the development of their support plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same, 'Good'.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and if needed those close to them, were involved in the development and review of their own care and support plans.
- We saw these plans gave the staff information on how people wanted to be assisted.
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format that they could easily comprehend.
- Staff members had received additional training to support people with their communication. There was a sign of the week which people living at 45 Hall Green Road were encouraged to learn and use along with staff. One person showed us the signs they had recently learnt. Another person told us they were encouraged to use these signs although they could effectively verbally communicate for themselves. They said, "I learn these signs as well, so I can talk with others who live here. It's not just staff who learn how to communicate, we all do. It makes us feel a part of things."

Supporting people to develop and maintain relationships to avoid social isolation

- Throughout this inspection we saw people were involved in activities they enjoyed and found interesting and stimulating. We saw people engaged in activities including, trips to local areas of interest, shopping, meal preparation, cleaning, puzzles and socialisation. One person told us they don't like being bored and they keep themselves active at 45 Hall Green Road.
- People were supported to maintain contact with families and friends. This included contact with places of worship where they had developed supportive and empowering friendships.
- People were encouraged to take part in and lead on community initiatives. These included, fund raising for charities and the collection of items for a local food bank. One person told us they found these activities enjoyable as they helped them, "Give something back to the local community."

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- At the time of this inspection 45 Hall Green Road was not supporting anyone at the end of their life. However, we saw people were encouraged to identify things that mattered to them both spiritually and medically which they wished to be considered at such a time. These wishes were included in their care and support plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as 'Good'. At this inspection this key question has deteriorated to, 'Requires Improvement'.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The management team had ineffective systems in place to monitor the quality of the service that they provided. For example, staff members recorded daily fridge temperatures. These were then overseen by members of the management team who then failed to take, or record, the action needed to ensure food was safely stored. The management team completed regular infection prevention and control checks. However, a recent check stated a shower chair cushion was in good condition, yet we saw it was extensively damaged. The management team completed regular quality checks regarding people's medicines yet failed to identify the issues we found at this inspection regarding people's topical creams.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular interactions with other registered managers within their organisation. However, they failed to follow recognised best practice when making decisions for people. They didn't demonstrate an effective approach to learning or improving care. For example, at our inspection in September 2015 we found improvements were needed regarding medicines. At our inspection in February 2017 we again found improvements were needed regarding medicines and we have found similar issues at this inspection. The provider and registered manager had failed to demonstrate an effective approach to improving care for those living at 45 Hall Green Road.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at 45 Hall Green Road and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they had a positive relationship with the management team who they found to be available and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- Staff members we spoke with told us they found the management team supportive and approachable.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We saw the management team, and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.
- Staff members told us the management team were open and transparent when things needed to be improved or changed as a result of any specific incident or near miss.
- Staff members told us they had regular discussions about incidents in health and social care to try minimising the potential for it happening at 45 Hall Green Road. We saw details of these discussions were available for staff members who could not attend these discussions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in decisions about their care and support and were asked for their opinion. One person told us they could, "Pretty do what they wanted in their room" which included decoration or furniture. People told us they were consulted on any changes within communal areas or the gardens. People felt involved in where they lived and their views were valued by those supporting them.
- Staff members told us they found the management team approachable and their opinions were welcomed and valued.
- Staff members took part in regular staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices, District Nurse teams and faith groups.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not complete the relevant assessments of capacity or follow the best interest decision making guidance when releasing people's personal and confidential information.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective quality monitoring systems in place to drive good care.