

Voyage 1 Limited

Voyage 1 Limited - 804 Walsall Road

Inspection report

804 Walsall 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 

Overall summary

This inspection took place on 16 March 2015 and was unannounced. At our last inspection in October 2013 the provider was compliant with all the regulations we looked at.

Voyage 1 804 Walsall Road is a residential home which provides care to people who have learning disabilities. The service is registered with the Commission to provide

personal care for up to three people. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

Summary of findings

We observed staff continually ask people how they wanted their care to be delivered and supported them in line with their requests. People were relaxed with staff and confident to approach them for support. Staff said they enjoyed supporting people and spoke affectionately about the people who used the service. People were supported to pursue the interests they said they liked such as visiting relatives and restaurants. People were also supported to be as independent as they wished such as helping to prepare their meals and wash their laundry.

People were supported to maintain relationships which were important to them. Relatives regularly visited people in the home and people were supported to visit relatives in the community. People expressed their views about the service at regular meetings and were involved in discussing the care they received. Relatives told us they were involved in the planning and reviewing of their relative's care and were often approached by the provider to comment on the service when they visited or spoke with staff on the telephone.

The provider had completed/undertaken assessments to identify if people were at risk of harm and if so had included guidance about how this could be reduced. People received their medication as prescribed and the provider had taken action in response to medication errors to reduce the risk of them from happening again. Staff monitored people's nutritional intake and weight ensuring that people were supported to eat and drink enough to keep them well. We saw that when necessary the provider had involved other healthcare professionals such as dieticians in people's care.

There were enough staff to keep people safe. All the relatives and staff we spoke with told us that they felt there were enough staff to meet people's care needs. The provider had taken action to increase their staffing levels when people's needs changed. Staff were able to demonstrate they had the skills and knowledge to

communicate effectively with people who were unable to express themselves verbally or were visually impaired. They expressed a good knowledge of what people liked to do and their individual preferences. Staff were supported with their personal development and to deliver what was required of their roles.

People were kept safe and staff knew how to recognise when people might be at risk of harm and the provider's process for reporting any concerns. Records showed that the provider had worked with other agencies when they had received information of concern in order to keep people safe. This protected people from the risk of abuse.

The provider understood their responsibilities under the Mental Capacity Act 2005 (MCA) They had conducted assessments when people were thought to lack capacity or held meetings to ensure decisions were made in the best interests of the people who used the service. The provider had ensured that staff were clear about the requirements of the Mental Capacity Act 2005 (MCA) and that people were supported with the least restrictions to their liberty

Relatives told us that the provider regularly sought their views when assessing the quality of the service and that the provider acted on their comments. Staff told us that the registered manager was approachable and responded to their concerns promptly. There were processes in place to enable staff to express their views and records showed that the provider had taken action in response to issues raised at regular meetings. The provider had ensured that staff were aware of the aims and vision of the service.

The provider had a system to assess the quality of the service and identify how it could be improved. The provider had developed an action plan to implement improvements at the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff knew how to protect people from the risk of abuse.

There were enough staff to meet people's care needs.

People's medicines were managed appropriately.

Good



Is the service effective?

The service was effective. The provider had ensured that staff were clear about the requirements of the Mental Capacity Act 2005 (MCA) and the legal rights of people had been protected.

People were supported by staff who had the skills and knowledge to meet their care needs.

People were supported to eat and drink enough to keep them well.

Good



Is the service caring?

The service was caring. Staff supported people to visit their families and maintain relationships which were important to them.

Staff knew people's personal preferences and supported them to follow their interests.

The provider respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. The provider supported people who used the service and their relatives to express their views and responded to their comments.

People's care plans were updated as their needs or wishes changed.

Good



Is the service well-led?

The service was well-led. The provider conducted regular checks to evaluate the quality of the service and took action to rectify any issues identified.

The provider regularly sought the views of relatives and staff when assessing the quality of the service.

There was a registered manager in place who was aware of their regulatory responsibilities and of their responsibilities under the HSCA.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 March 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is

required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with one person who used the service. Due to their specific needs some people were unable to tell us their views of the service however we observed how staff supported people. We spoke with relatives of two people who lived at the home. We also spoke to the registered manager, deputy manager and four members of staff who worked at the service. We looked at records including three people's care plans and staff training. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After our inspection we spoke to a social worker who supported two people who used the service and a dietician who had supported one person.

Is the service safe?

Our findings

All of the relatives we spoke with told us they felt their family members were safe. One relative told us, “If something goes wrong I am given a full run down. I am happy they will do the right thing.”

The provider took action to ensure people were supported safely and they respected people’s rights to receive care in line with their wishes. During our inspection we observed staff continually ask people how they wanted their care to be delivered and staff supported them in line with their requests. The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with said care records contained information which enabled them to support people safely and guidance about the risks associated with people’s specific conditions. Staff we spoke with were available to demonstrate they knew people’s preferred communication styles and could explain what people’s specific movements and gestures meant. For example a member of staff told us, “When [person’s name] pushes the plate away, it means they are full.” This protected people’s rights to express their choices and control how they were supported.

We spoke with four members of staff and they were all able to explain the provider’s policy for keeping people safe. This included an awareness of how to recognise when people might be at risk of harm and the provider’s process for reporting any concerns. We noted this was in line with the local authority safeguarding practices. Staff said they received training in how to safeguard people from harm and records confirmed this. Records showed that the provider had worked with other agencies when they had received information of concern in order to keep people safe. Relatives told us that the manager and staff were approachable and they were encourage to raise concerns. There was information about how to raise concerns about people’s safety displayed in the public areas of the home. This protected people from the risk of abuse.

All the relatives we spoke with told us that they felt there were enough staff to meet people’s care needs and records

showed that the provider had maintained consistent staffing levels in line with people’s care plans. Several staff said that they could sometimes be late to support a person with personal care if other people had required additional support due to their specific condition changing. However the registered manager and a social worker told us that the provider had recently increased the numbers of hours of support to one person in order to ensure other people who used the service received support in a timely manner. When there had been vacancies at the service the registered manager had accessed the provider’s pool of bank staff to ensure that appropriate staffing levels were maintained. Staff told us that when people were supported by bank staff, they were usually already known to the person and the staff were knowledgeable about how to meet people’s specific care needs. The provider had ensured that there were enough staff to meet the needs of the people who used the service.

Staff were able to explain the provider’s protocols for the administration and reporting of medication errors and records showed that staff had received training in how to manage medicines safely. Medicines were stored appropriately to ensure they were safe and maintained their effectiveness. People were kept safe from the risk of poor medicines management.

People’s care records contained details of the medicines they were prescribed, any side effects, and how they should be supported in relation to medicines. Where people were prescribed medicines to be taken on an “as required” basis there were details in their files about when they should be used. We noted the provider did not have system to record when medications such as creams had been applied and the registered manager took action to rectify this during our visit. The manager conducted audits to check that people had received their medicines as prescribed and had taken the appropriate action when errors had been identified such as seeking professional guidance to ensure no one came to harm and training for staff to prevent incidences from re-occurring. Therefore the people received their medicines in line with their care plans.

Is the service effective?

Our findings

People were supported to maintain their health and welfare. Relatives told us they had a regular discussion with the manager about the support people needed and how they could support their relatives to stay well. A relative told us, “They give me a full run down of [person’s name] condition.” We saw that when necessary the provider had involved other healthcare professionals such as dieticians, in people’s care.

Staff told us and records confirmed that they received regular training and supervisions to maintain their skills and knowledge. All the staff we spoke with felt they had the necessary skills to support the people who used the service. A member of staff told us that they needed to learn about a specific condition which a person who used the service was developing and we noted that the provider had arranged for some appropriate training in the near future. The registered manager told us and records showed that a health professional had already visited the service to conduct a training session about how to care for a person with this specific condition. Staff had undergone additional training when necessary so they could continue to support people as their care needs changed.

We saw that care records contained guidance for staff about how to keep people safe from specific risks associated with their conditions. There were care plans for people who were known to be at risk of malnutrition and up to date records which staff used to monitor their nutritional intake and weight. When necessary the provider had supported people to access other health care professionals in order to identify a healthy eating plan. After our inspection we spoke with a dietician who had supported a person at the home and they told us that the staff had followed the guidance they had provided. They were confident in the provider’s ability to ensure people received the appropriate nutritional support to keep the well.

During our visit we observed staff asking people if they were happy and how they wanted to be supported and we noted that people were supported in line with their wishes. The provider had conducted assessments when people were thought to lack capacity to identify if the care provided was in line with people’s wishes or if less

restrictive care options were available. When people lacked capacity, the provider had taken action to seek that the care and treatment people received did not restrict their movement and rights under the Mental Capacity Act 2005 (MCA). For example the care records of a person who lacked capacity showed that a best interest meeting was held between people who supported the person such as health professionals, social workers, relatives and care staff in order to discuss the appropriateness of follow up medical treatment for a specific health condition.

Staff we spoke to knew about the requirements of the MCA and had received effective training in respect of the MCA and any decisions related to deprivation of liberty safeguards (DoLS). A member of staff we spoke to explained the principles of the DoLS and that people were assessed to ensure they were receiving care with the least amount of restrictions.

Staff told us that they supported the same people and had managed to build up a detailed knowledge and understanding of their specific care needs. Staff were able to demonstrate they had the necessary skills to communicate effectively with people who used the service. For example a member of staff was able to explain a person’s preferred method of communication to express when they wanted to go out and what they wanted to eat. Throughout our visit we observed that staff could communicate effectively with people to ensure their care needs were met.

Staff expressed a good knowledge of what people liked to eat and if they had any dietary preferences. The provider had a shopping list displayed in the kitchen and people were supported to use a picture board to indicate items they wanted to be purchased for them. Staff told us and records showed that people were also supported to go shopping in the community to purchase food that they enjoyed.

We observed how people were supported at lunch time and saw that staff supported people to choose what they wanted to eat by using picture cards and presenting people with a choice of plated meals. We observed a member of staff offer a person a cup and a beaker to hold. The person chose to hold the beaker and staff told us this indicated the person was wanting a cold drink instead of hot.

Is the service caring?

Our findings

All of the relatives we spoke with told us that staff were kind and caring. One relative told us, "I couldn't wish for better carers." We observed positive interactions between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. All the staff spoke affectionately about the people who used the service and how they enjoyed supporting the people. A member of staff told us, "I always wear the same perfume, and then people know it's me."

Most of the staff had worked at the service for several years which had enabled them to build up close relationships with the people who lived there. Staff knew how people wanted to be supported and we saw that staff had supported them to enjoy the interests they said they liked. A member of staff explained how a person liked to be supported depending on how they were feeling each day. They told us, "Some days they just want to sleep, in which case we make sure they are comfortable in bed and we keep checking on them." During our inspection we observed staff sit with people and prompted them to express how they were feeling and talk about their hobbies and interests. Care records contained details which enabled staff to deliver care in line with people's wishes and preferences.

People were supported to express their views about how they wanted their care to be delivered. Staff were knowledgeable about people's preferred styles of

communications and took time to understand what people were expressing. During our inspection we observed staff communicating with people using a variety of methods in order to obtain their views on how they wanted their care to be delivered. We saw that staff responded to these requests promptly.

People were supported to be as independent as they wished. We saw evidence that a person had been supported to take part in preparing their meals and washing their laundry. This supported the person to learn life skills and supported them to live how they wanted.

Relatives told us that visitors were made welcome and they were able to visit any time and that staff supported people on regular visits to their parental home. This enabled people to maintain contact with people who were important to them.

Staff we spoke with said they had received training in how to respect people's privacy and dignity and there was guidance available in people's care records. The provider had taken action when a person's behaviour was known to compromise their dignity and had arranged for a privacy film to be fitted to windows. Staff explained that a person liked to keep their bedroom door open at all times however there was no plan in place to identify how staff could promote the person's privacy when they dressed or received personal care. We spoke to the manager about this and they were going to review how the person could be supported to maintain their dignity.

Is the service responsive?

Our findings

All of the relatives we spoke with told us they were involved in the planning and review of their relative's care. One relative told us, "We are having the annual review about [person's name] care tomorrow." Another relative told us, "They update me about hospital appointments and when [person's name] been ill."

The provider had responded to people's wishes when supporting them with care. Relatives told us and records showed that people were supported to do the things they said they liked. These included going shopping, visiting a day centre, meeting relatives and wearing their chosen clothes. Care plans contained information about how people were to achieve these tasks safely such as guidance for staff about how to support a person when using a taxi to engage in community activities.

The provider had responded as people's conditions changed. For example the provider had involved health professionals to support a person to obtain sensory equipment and liaised with a social worker to obtain additional staff support hours for another person whose condition was changing. The registered manager told us that they were currently reviewing the person's condition to identify if further support hours were necessary. This meant that people continued to receive care which met their most current needs.

A relative we spoke with told us that they were always made welcome when they visited the service and were encouraged to participate in the lives of the people who

used the service. Staff also told us how they supported people to visit family members at home. This helped people to maintain relationships which were important to them.

People who used the service were supported to comment about the service they received at regular meetings. Staff told us how they supported people to express their preferences and we noted that daily records showed that people had been supported in line with the wishes expressed in their care plans. Relatives told us they were regularly asked for their views on the care their loved ones received and felt the provider responded appropriately to their comments. These had included arranging activities and how people's rooms were decorated in a style of their choosing. The provider had responded to people's views about the service.

People told us they felt comfortable to complain if something was not right and they were confident that their concerns would be taken seriously. A member of staff told us, "I would always raise any concerns. It is my duty." The registered manager and staff confirmed that concerns raised at supervisions and staff meetings such as training in specific conditions and staffing levels were responded to effectively by the provider. Relatives had received information about the provider's complaint policy when they joined the service and we saw that this information was also available around the home in formats which met people's communication needs. People told us they were confident to contact the provider and that the provider would respond to their concerns.

Is the service well-led?

Our findings

Relatives we spoke with said that they were happy with the care people received and how the service was managed. Relatives told us that the manager and staff made them feel part of the service and valued the contribution they made to people's care and wellbeing. All the people we spoke with said the provider was continually striving to identify how the service could be improved. The registered manager told us, "We want to improve, I don't want [the service] to stand still."

The registered manager understood their responsibilities. This included informing the Commission of specific events the provider is required to notify us about by law and working with other agencies to keep people safe. All the staff we spoke with said the registered manager was approachable and provided regular updates on their vision for the service and how the culture of the service was developing. Staff told us there were regular staff meetings and individual supervisions with the registered manager where they were supported to express their views about the quality of the care and promote their own personal development. Records showed that the registered manager provided regular training and updates to staff about the service's philosophy and best practices within social care in order to improve the quality of the care people received. A member of staff summarised the service's philosophy as, "We walk with people through their lives." Staff were inspired to provide a quality service.

Staff said the registered manager was approachable and responded promptly when they raised concerns about the quality of the service. Staff were confident to speak up and said their views were taken seriously by the provider. Relatives we spoke with also said that the provider actively encouraged them to express their views and that they

would take action when they received information of concern. For example people told us and records showed that the provider had reviewed how people's care was delivered and how the environment was maintained when concerns had been raised. This ensured that people and staff were actively involved in developing the service.

The provider had a clear leadership structure which staff understood. Each person at the home had a key worker and co-key worker to help ensure they received continuity of care. Key workers also contributed to a review of each person's care needs so that other members of staff would know the individual care needs of each person if a key worker was unavailable. Each shift had an identified lead which staff could approach for guidance. Staff told us that there was a system for contacting the registered manager or a senior member of staff from within the organisation to ensure they were fully supported and could get advice in event of a difficult situation occurring. Staff confirmed that they had always received support from a senior member of staff when they requested it.

The provider had a system to assess the quality of the service and identify how it could be improved. Information from investigations and complaints was used to improve the service and we saw that the provider had improved the quality of medicine management in order to reduce adverse events. The manager submitted monthly records of incidences to the provider's head office to be reviewed for common themes. We saw evidence that the provider monitored actions they had identified as necessary to improve the service people received to ensure they were completed. These included reviewing people's care plans and improving the environment people lived in. Monitoring the quality of the service enabled the provider to improve the care people received.