Voyage 1 Limited

429 Warwick Road

Inspection report

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Date of inspection visit:
20 November 2018

Date of publication:
14 January 2019

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 the service on 20 November 2018. The inspection was unannounced.

429 Warwick Rd 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. The service accommodates seven people who are living with a learning disability.

On the day of our inspection there were six people using the service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager at this. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. Part of this best practice approach is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community is encouraged.

People felt safe around the staff supporting them. Staff understood how to keep people safe and had received training to support this. Staff knew the risks to people's health and how to manage these risks safely. People were able to access support from staff when needed, and staff were happy with the staffing levels at the service. Recruitment processes included background checks on staff. People were supported with their medicines when needed. Checks were also in place to ensure people received their medicines safely. Staff understood how to keep the spread of infection to a minimum. Accidents and incidents were recorded and monitored so that people's care could be adapted as appropriate, and learning from any untoward incidents was shared with staff.

Staff training was based on best practice and the individual needs of people living at the service. Training was monitored so that staff had skills in line with people's needs. People were supported to make decisions about their care where this was needed. People were supported to access help from medical professionals and advice was incorporated into people's care plans. People were offered choices in their meals and were offered support to develop their own menu plans.

People liked and valued the staff supporting them. Staff had a detailed knowledge of the people they were supporting. People were supported to develop their independence where possible and were treated with dignity. Where appropriate, end of life plans were developed in consultation with the relevant people.

People were involved in developing their care through regular meetings with key workers. When people's care needs changed, care plans were updated to reflect these changes. Important information about what people wanted to achieve was captured in their care plans. Staff supported people to work towards achieving these plans. People felt assured they could complain if they needed to, and that their complaints would be taken seriously.

The registered manager promoted an inclusive approach to providing care for people living at the service by involving people and staff in making decisions about people's care. People were involved in developing their care in a number of ways. Staff were empowered to provide good care to people by the support they received from the management team.

Staff were encouraged to share ideas and contribute to care planning and their views were acted on. Effective communication at the service enabled the team to understand people's care needs and staff felt part of a team that worked well together.

The registered provider worked with the registered manager in ensuring that all the necessary checks were completed. This supported continual improvement people's experience of care. The registered manager worked with other managers to understand best practice and to support and develop people's friendships.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

429 Warwick 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 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.

We inspected the service on 20 November 2018.

As part of the inspection we looked at information we held about the service and we asked the local authority if they had any information to share with us about the service. The Local Authority is responsible for monitoring the quality and for funding some of the person's living at the service. During our inspection we spoke to one person who lived at the service and used different methods to gather other people's experiences of what it was like to live at the service such as observations of staff interaction with the person. We also spoke to the registered manager, a team leader, and two members of staff.

We looked at records relating to the management of the service such as the care plans for two people, incident records, medicine management, staff meeting minutes and quality assurance records.

Good

Is the service safe?

Our findings

People were comfortable in the company of staff. People told us they liked and felt safe around staff and were reassured by their presence. One person told us, "If anyone upsets me, I tell the staff." The person told us they could rely on staff to resolve any safety and well-being concerns they had.

Staff spoke confidently about their ability to communicate any concerns they had with the registered manager. Staff told us they had received training on safeguarding and understood how to recognise the different types of abuse. The registered manager said although they had not needed to report any concerns recently, they understood their obligations in reporting concerns both to the local authority as well as the CQC.

Staff understood the risks people lived with and how to manage them so that people were supported safely. For example, staff understood people's health histories and appreciated if they had, for example, a history of depression or falls. Staff knew what to do to support the person. Staff told us they also read people's health action plans which contained the necessary information for them to use.

We saw people had access to support from staff when needed. People explained they got the help they needed when they needed, promptly. Staff told us they felt staffing levels were adequate. The registered manager told us people received consistent care through permanent staff employed at the service. The registered manager explained they preferred not to use agency staff in order to promote consistent support for people. They also explained they were fully staffed and therefore had sufficient staff to meet people's assessed needs.

Staff told us background checks were completed before new staff commenced work at the service. We reviewed two staff files and saw that recruitment checks included a Disclosure and Barring Service Check (DBS) as well as completed identity and reference checks. DBS checks allow employers to check whether potential staff have any criminal convictions.

People received support with their medicines. One person told us, "I have my tablets." Regular checks were undertaken to ensure people received their medicines as prescribed and they were stored correctly. Staff supporting people received training which was updated annually as well as a competency check by the registered manager.

Accidents and incidents were recorded by staff for the registered manager to review. The registered manager explained that trends in accidents and incidents were monitored by the behavioural support team, so people's care could be adapted if needed. Staff told us if changes were needed to people's care, this was communicated to them through the communication book and added to the care plan.

The service was free of clutter and odour free. We saw staff help to support people to keep the home clean and tidy. Staff understood the importance of minimising the spread of infection and the action to take to support this.

Good

Is the service effective?

Our findings

People's care was based upon best practice. The registered manager ensured staff had the skills to meet people's needs. For example, staff at the service had received training in dementia and autism to meet people specific needs. The dementia training was sought when a person developed dementia at the service in order to better understand their care needs. Although no one at the service lived with autism, the registered manager recognized in future they may have someone come to live with them who has autism.

Staff training was organised centrally by the registered provider, with oversight from the registered manager, so they were assured staff had the skills and knowledge required to care for people. During the inspection we saw staff were reminded about training they needed to complete. A new member of staff told us they had received induction training which included both shadowing experienced staff, as well as formal training. All new staff training was through recognised training such as the Care Certificate. Staff we spoke to confirmed they had access to training and supervision and felt able to access guidance whenever they needed.

People were offered choices in their meals. We saw people being supported to help prepare meals and drinks. People were also involved in designing a menu which reflected their choice of meal. Staff encouraged people to help prepare a shopping list of items they would like to purchase.

People were supported to access help from medical and healthcare professionals. We saw from people's care plans people were supported to attend a number of appointments. We saw people had accessed support from the dentist, optician as well as a number of other professionals. Advice from these professionals was then incorporated into care plans.

People's bedrooms reflected their personal tastes. For example, people were supported to identify how they would best like their bedroom decorated. We saw each bedroom was different and contained items personal to each person. The environment within the service was conducive to and supported people's different levels of mobility.

Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care services, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect. One person told us, "The staff are very caring." Throughout the inspection we saw a number of examples of staff demonstrating kindness towards people. People were offered tactile reassurance where required. People responded positively to this.

Staff had a detailed knowledge about people and their individual needs. Staff could tell us about how each person required support. For example, one person experienced anxiety at certain times and staff understood how to manage this so the person went on to enjoy their activity as quickly as possible. Staff were also taking steps in order to support the person as they had become concerned for a family member. Staff had developed plans with the person, and knew how they were going to provide reassurance to the person.

People were involved in day to day decisions about their care. People were offered choices in how they spent their day. For example, if a person chose to sit in their bedroom, this was respected by staff. If, for example, a person required support to visit the shops this was also provided.

People told us staff supported them and promoted their independence in ways that were specific to them. One person told us, "Now I have a shower on my own. I don't need help anymore. That makes me happy." Staff understood how each person required support and ensured they provided support that was appropriate to each person. Staff had also received training on supporting people with dignity. People told us staff used this knowledge when sensitively caring for them.

Good

Is the service responsive?

Our findings

People told us they had regular meetings with staff and used this time to discuss things they liked and how they wanted plans for their care changed. One person told us they felt able to express themselves and share this information. Where people were not able to communicate verbally, staff explained they used trial and error and recorded what had what had worked to ensure this was planned in the future. Where people expressed a positive reaction, people were supported to pursue interests that they liked.

Staff explained most of the people had lived at the home for some time. Over time people's needs had changed as they aged. For example, one person had required surgery and needed extra support following this. Staff understood any changes needed to the person's care and ensured guidance in care plans reflected this.

Staff explained how they met with people monthly, in order to record what had gone well as well as what changes were needed. Each person had a key worker who was responsible for ensuring any support needed to the person was in place and records were up to date. For example, one person had sensory needs. The key worker had identified ways in which the person's sensory needs could be supported. Staff at the home showed us how they had accessed a ranger of different materials for the person to touch and feel. These were being incorporated into the design of their bedroom, which the person had been involved in. We saw the person during the inspection enjoying different sensory textures and enjoyed using these.

People understood who they could complain to and felt assured their concerns would be listened to. The registered manager had a process in place for recording and investigating complaints. Details of the complaints were communicated with the registered provider for monitoring purposes.

Staff we spoke with understood how to support people in a dignified way at the end of their lives. Staff explained that they had supported a person recently and this had made them more aware of the importance of ensuring people's final wishes were respected. The registered manager told us they had included this as part of staff training. Where appropriate care plans were also being updated to reflect people's end of life wishes in consultation with the relevant people.

Good

Is the service well-led?

Our findings

We saw people were relaxed and at ease around the registered manager and staff. People told us they felt able to speak to the registered manager about anything that was important to them. The registered manager knew people well and spoke confidently about each person and their individual needs, and what was needed to make each person feel secure. For example, they described each person's current needs as well as what had been planned for them to improve their experience of care.

The registered manager worked across two other services for the registered provider. People and staff felt the registered manager was accessible and felt confident they could speak with them whenever they needed. 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.

People told us they were asked for their input and shared how they felt about care at the service. One person told us, "I'm happy here [and] I've been here for quite a while." People told us they met with their key worker and talked about things they wanted to work towards. Key workers told us they felt able to submit suggestions for improving people's care such as ideas for day trips and activities. For example, one person was supported to try cycling for the first time despite previously having problems with their mobility, which they enjoyed.

Staff understood how to support people and felt empowered to provide good care as they were encouraged to share ideas and feedback with the registered manager. One staff member told us about their experience of working at the service, and said, "I love it." Staff described good communication between staff as being key to staff working together well. Staff described a relaxed atmosphere where peer support was important. Staff told us the registered manager ensured key messages were communicated to staff through handovers, the communication book, team meetings and through staff supervision. We reviewed minutes of staff meetings and saw important information was shared with staff to improve people's care. Information included changes required in how a person should be supported.

The registered manager was supported by two team leaders. The registered manager explained they had developed the senior team to undertake additional responsibilities so that there was an experienced management team in place. This helped to promote good continuity of care for people, and improved confidence for staff operating in the registered manager's absence.

The registered manager described how they worked with the managers from the provider's other services to share ideas and learn about best practice. They told us they also used the cross organisational working to offer opportunities for people to develop friendships of their choice with other people from other services so that people could share experiences, such as days out and holidays