

Voyage 1 Limited







109 Grange Road

Inspection report

109 Grange 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?	Requires Improvement	

Overall summary

This inspection took place on 3 August 2015 and was unannounced. This is the first inspection of the home since it was registered with us in June 2014 under their new provider Voyage 1 Limited.

The home is registered to provide accommodation and personal care to up to five people at any time. The home provides care to adults with a physical disability and learning disability and / or autistic spectrum disorders. At the time of our inspection there were five people living there.

The location is required to have a registered manager in post. 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. At the time of this inspection the home had a registered manager in post. The registered manager shares their time between this home and another of the provider's homes close by.

Summary of findings

Staff knew how to reduce the risk of harm to people from abuse and unsafe practice. Most risks of harm to people receiving the service had been assessed and recorded.

Staffing levels were determined according to people's needs. We found there were sufficient numbers of staff on shift to meet people's needs. There were procedures in place to recruit staff safely to work with people living at the home.

Staff were supported to gain the skills and knowledge to care and support people. Staff were inducted into their job role and received training.

People were supported by staff to access health and social care professionals whenever needed. Staff followed the advice and guidance of health care professionals.

Staff were caring and treated people with dignity and respect.

People were relaxed with the staff supporting and interacting with them.

Relatives felt they could speak to the staff and the registered manager about any concerns that they had and that they would be listened to and their concern addressed.

The provider had quality assurance systems in place to monitor the care and support people received. Some systems were effective in identifying actions that were needed to make improvements to the service. However, we found that some were not effective.

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.

People were protected against the risk of avoidable harm and abuse.

Staff were safely recruited and the provider had completed the required pre-employment checks on them.

People received their prescribed medicines from staff at the required times.

Good



Is the service effective?

The service was effective.

People were cared for and supported by trained staff.

Staffing levels were determined according to people's needs.

Staff were trained in and understood how to protect people's human rights.

Good



Is the service caring?

The service was caring.

Relatives told us that staff were kind and caring toward their family member.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed and staff had the information they needed available to them so they could respond to people's needs.

Staff were responsive to people's preferences.

Activities were planned for and took place.

Relatives told us that they knew how to make a complaint if needed.

Good



Is the service well-led?

The service was not consistently well led.

The provider had systems in place to monitor the quality of the service provided to people. Where actions were identified as needed to make improvements these were taken. However, not all actions needed were effectively identified by the audits.

Staff were supported and listened to.

Requires Improvement



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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 3 August 2015 and was unannounced and carried out by one inspector.

We reviewed the information we held about the service. This included information shared with us by the Local Authority and notifications received from the provider about serious injuries and safeguarding alerts. A

notification is information about important events which the provider is required to send us by law. We decided to bring forward our planned inspection due to the information that had been shared with us.

We spoke with four care staff, the registered manager and operations manager. We spent time with four people that used the service. We observed how people were cared for in the communal lounge and conservatory area of the home by using a Short Observational framework for inspection (SOFI). SOFI is a way of observing people's care to help us understand the experience of people who live there. We also carried out general observations throughout the day. We looked at two people's care and medicine records to see how their care was planned and delivered. We also looked at quality assurance audits relating to the management of the service and records including staff training and recruitment, together with a selection of the provider's policies and procedures. We telephoned and spoke with four people's relatives.

Is the service safe?

Our findings

All four people's relatives that we spoke with told us that they felt their family member was safe living at the home. One relative told us, "[Person's Name] is in good hands there. They are safe." Another relative told us, "As parents we would not let [Person's name] live there if we did not feel that they were safe there."

We asked staff how people at the home were kept safe and protected from abuse. Staff on duty were able to tell us what abuse was and the signs to look for. One staff member told us, "I'd report any concerns immediately to the manager. If they were not here, I'd phone them." All of the staff members spoken with told us that they knew how to whistle-blow to the local authority safeguarding team or to the Care Quality Commission (CQC) if they needed to. One staff member told us, "I honestly believe that the managers here would take any concern we raised seriously. But, if I needed to, I'd report any abuse to you at CQC."

Staff told us they had completed safeguarding training. One staff member told us, "If someone had a bruise we would document this. We'd try to find out what had caused the bruise and the manager would look into it if they needed to." We saw that information about protecting people from abuse was displayed in the office at the home. This showed that staff were reminded about their role in protecting people from avoidable harm and abuse.

People's relatives told us that they were involved in decisions about their family members' care, such as activities that involved risk taking, like swimming. One relative told us, "I'm happy for [Person's Name] to be involved in activities where there might be some risk as long as staff are with them." In both sets of care records looked at we saw that risks had been identified in the person's care assessment and they had individual risk assessments in place.

During our observations of people at the home, we saw one person liked to handle an object that may have presented a choking hazard if put into their mouth. We asked staff about this and one staff member told us, "[Person's name] has never put it into their mouth as far as I know." We asked the registered manager if a risk assessment was in place and they told us, "A risk assessment was previously completed but as no incident has occurred, we have taken it out." We discussed this with

the registered manager and they agreed the risk assessment would be placed back into the person's care plan. This meant that overall actions were taken and recorded to reduce the risk of harm or injury to people.

Staff told us that they had completed an on-line first aid awareness training session. We saw from people's care records that they were at risk of, for example, choking and falls. We asked staff what they would do in emergency situations that might arise from time to time. Three staff spoken with were able to tell us the safe first aid action to take. All of the staff told us that they would inform the registered manager and record what had occurred.

Staff told us that they felt there were enough staff on duty to meet people's needs. All of the relatives spoken with believed there were, overall, sufficient staff to keep people safe at the home. Our observations confirmed this to us.

We spoke with staff about their recruitment. One staff member told us, "I had an interview and they told me checks would be completed before I started work." We saw records confirming that pre-employment checks had been completed. The registered manager explained to us that the provider managed the safe recruitment processes. They told us, "Voyage 1 Limited are strict about getting all the checks on staff completed before they start at the home."

Prior to our inspection the registered manager had shared information with us about incidents of medication errors at the home. They explained to us that actions had been taken to improve the checking and booking in of people's medicines when delivered to the home. The registered manager told us, "Staff that support people with taking their medication are trained to do so. It is our policy that two staff administer and check medication." Staff confirmed to us that if they administered people's medicines they had received training. We saw that all of people's prescribed medicines were available to them in line with their doctor's instructions. We saw that some people had 'when required' medicines prescribed and found that most had guidance in place for staff to follow when these were administered to people. Although we saw that one 'when required' medication did not have any written guidance in place, staff were able to tell us when they would administer the medicine to the person. We discussed this with the registered manager. They told us that they had not noticed the omission of the guidance but would take action to put it into place.

Is the service effective?

Our findings

Relatives told us that they felt, overall, their family member's needs were met by staff and most staff had the skills they needed for their job roles. A few relatives told us that they had a slight concern because they felt there was a high turnover of care staff and it took time for new staff members to develop the skills they needed to meet their family member's needs. One relative told us, "The only negative I feel is the high staff turnover. It takes time to get to know [Person's Name] and develop the skills to effectively support them." Another relative told us, "The staff are pleasant and always try their best to do a good job. But, with what seems to be a high turnover of staff, it takes time for new staff to fully know [Person's Name] and this impacts upon how effective they are at times."

We discussed staff turnover with the registered manager and they told us that there had been a number of changes and new staff were now in place and in the process of completing their induction and training so that they could effectively support people.

Staff that we spoke with were able to explain to us about people's needs and how they supported them. However, from our observations we saw that one staff member was unaware of how they should effectively support one person to stand from their chair. The registered manager observed this and we heard them remind the staff member how to effectively support the person.

All staff spoken with told us that they had completed an induction and training. One staff member told us, "I feel that my induction was very good. There is a lot to take in, but the shadowing of an experienced staff member really helped me. Also, I have not felt rushed but able to ask questions if I need to." Our observations showed us that staff had received the training they needed to effectively support people.

Staff we spoke with told us that they had received training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Most staff were able to recall the information from their training and apply to the people they supported. One staff member told us, "I always explain what is going to happen. The people that live here cannot always express their agreement verbally, so I always talk about what I am doing." Another staff member told us, "If

there was a health decision that needed to be made, then the manager would arrange a best interest meeting." The registered manager told us, and records confirmed that all of the people that lived there had a DoLS in place that had been authorised by the Local Authority.

All of the relatives told us that they felt the home was a pleasant environment. Two relatives told us they felt the communal areas of the home were a bit small for the group of people that lived there. One relative told us, "The conservatory is not large enough for all five people to effectively be supported to eat their meal." Another relative told us, "I feel that the communal areas of the home are a bit small." We discussed this with the registered manager and they told us that they were aware of the concern raised and the effective support given to people at mealtimes. They told us, "We are considering different options. One might be some people choose to be supported in the lounge or we have a staggered mealtime."

We observed non-verbal communication methods to express their choice. We saw one staff member show a person two packets of cereal and tell them what each of them was. The staff member recognised the facial gesture as the person's way of communicating what their choice was. One staff member showed us pictorial food images and told us, "We also use these pictures with people so that they can make choices about the weekly menu." We saw one staff member support one person with their lunch. We saw that they encouraged the person to be as independent as possible and ensured that they enjoyed their meal.

The registered manager told us and records confirmed that risks and nutritional needs were identified. We saw that guidance was sought from healthcare professionals such as dieticians and speech and language therapists. People's weights were monitored and action was taken when needed. For example, one person had lost weight and we saw that they had been prescribed a food supplement by their GP.

Staff told us, and we saw from care records, that other health and social care professionals were involved in meeting people's needs, such as a community nurse. One relative told us, "I feel that the manager and staff always make health care referrals as needed. [Person's Name] has a health care condition and they keep me informed about any changes."

Is the service caring?

Our findings

Our observations showed us that staff were attentive to people's needs. We saw that staff interacted with people in a positive and inclusive way. For example, we saw staff speak with people and although people were not able to verbally communicate back with staff, we saw that staff members responded to their non-verbal communication, such as facial gestures, in a way that showed us caring relationships had been, and were being, developed.

All of the relatives spoken with told us that they felt staff were kind, caring and compassionate toward their family member. One relative told us, "The staff are marvellous." Relatives told us that they believed their family member was happy living at the home. One relative told us, "We'd know if there was a problem. [Person's Name]'s behaviour would change and they would not want to go back when they had visited us. They are always content and happy to go back to the home."

We saw that one person had a late morning breakfast. One staff member told us, "We know that [Person's Name] enjoys a lay-in today as it is the one day they don't have to get ready earlier to go out to their day centre." This showed us that staff had a person-led approach to the care and support they provided to people.

The registered manager told us that they were planning to arrange for the communal lounge to be re-painted. They said, "We've got some paint colour charts and try to involve people, as far as possible, in selecting a paint colour they all like for the lounge."

One relative told us, "I'm pleased that [Person's Name] can spend time in their bedroom. They really enjoy looking out of the window and 'people watching'. They like their own space and staff enable them to have this." Staff told us and we saw that they knocked on bedroom doors before entering, even if the door was open, which demonstrated their respect toward people. Staff told us they maintained people's privacy and dignity when carrying out personal care tasks. One staff member told us, "I'd always close the bedroom door and curtains if I was giving someone a shower. Once I'd finished, I'd cover them with a towel to keep them warm and also to given them dignity."

During our visit, all staff spoke about people that lived there in a caring and respectful way. Staff demonstrated to us the need to maintain confidentiality. One staff member told us, "All of the people that live here have on-going positive relationships with their families. We would always share information with them but we'd check with the manager before sharing anything with other people."

Relatives spoken with told us that they could visit the home when they wanted to and had never experienced any restrictions. One relative told us, "There are no restrictions about visiting. I usually visit unannounced and have experienced no problems."

Is the service responsive?

Our findings

People's relatives told us that they felt involved in their family member's assessment and plan of care. One relative told us, "I always feel involved. Staff ask me things about [Person's Name] and always keep me updated on how they are."

We looked at two people's care records. We saw that assessments were carried out and their identified needs were in their care plan. The plans were person centred and detailed which assisted staff to deliver people's care and support in a way they preferred and was responsive to their individual needs.

Staff felt they had, or were developing, a good knowledge of the people that they supported. Our observations of staff interactions with people that lived there showed us that most staff knew how to respond to their needs. One staff member told us, "There is a lot of information in the care plans and it takes a bit of time to learn it all but the information is all there." Another staff member told us, "People's care plans are detailed. But, it's also about getting to know the individual people so that we can care and respond to their needs." Our observations showed us that the care provided was in accordance with the person's care plan.

Staff told us that activities were planned for and took place. One staff member told us, "Some activities are home-group based and some are individual." One staff member showed us a sensory room with lights and music and told us, "Some people like to spend time in here with staff." However, during our visit we did not see this offered to anyone. The registered manager told us that a cinema trip

had been planned for but a booked taxi had not arrived. They explained that the trip would take place the following day. We saw that two people were taken out for lunch and one person spent some time in the garden. Most relatives told us that they would like more activities to take place in the home. We discussed this with the registered manager. They told us, "I will remind staff to always try to involve people as much as possible in activities, even in home domestic tasks, so that people can observe and interact with staff."

All relatives spoken with told us that they were asked for feedback on a regular basis. One relative told us, "The manager sends out a form that we complete. But, they also speak with us when we visit and ask for feedback." The registered manager showed us a 'smiley face' format so that people that lived there could give their views and feedback as far as possible.

Overall relatives told us that they had no complaints. One relative told us, "We have no complaints at all. If I had any concern, I know that I could speak with the manager." Another relative told us, "I've raised a few minor issues with the manager before. They have been dealt with. Sometimes they come up again, but I do feel I can speak with the manager." All of the staff spoken with told us that if they felt anyone that lived at the home had a concern about anything, they would try to find out what their concern was and resolve it. One staff member told us, "I've worked here a while and would know if someone was concerned about something, I'd let the manager know, but I'd also try to resolve it for the person." All of the relatives spoken with told us that they knew how to make a complaint if needed.

Is the service well-led?

Our findings

All of the staff spoken with told us that they felt the registered manager created a positive culture at the home. One staff member told us, “I feel supported and that I am able to go to the manager at any time if I need to.” Another staff member told us, “The manager has an open-office door. They are approachable and fair.” Staff told us that they felt they could report any errors to the registered manager.

All of the relatives spoke highly of the registered manager. One relative told us, “The manager is good.” Another relative told us, “The manager deals with any issues raised.” During our visit we observed that the registered manager spent time with people that lived there and informally observed staff practices and provided feedback on staff performance.

Staff told us that they had monthly meetings and one to one supervision with the registered manager. One staff member told us, “The manager does listen to the staff here. For example, I’ve been inducting a new staff member and I’ll give feedback about how they are doing to the manager.”

We discussed the staff turnover with the registered manager and operations manager. They explained to us that there had been a number of staff leave. The exit interviews conducted for leaving staff showed no theme that identified any action that needed to be taken. The registered manager told us, “A number of staff have left for various reasons related to personal circumstances.” They added, “We do have a fairly new staff team so I am in the process of arranging team building events which we hope will be beneficial to staff.”

We asked the team leader about how peoples and their relatives’ views and feedback was used to influence the service they received. They told us that annual feedback surveys were used. The registered manager explained to us that any positive or negative themes were identified and discussed with people and their relatives. We saw that an action plan was in place from these discussions which identified three improvement areas. For example, we saw

that one was to improve the use of the enclosed rear garden by implementing some re-design and creating a sensory area. Although this work had not yet commenced we saw that time scales were in place as part of the action plan.

We asked the registered manager about spot checks on staff. They told us that they had previously completed weekend, evening and night spot checks. The manager told us that these were informal and had not been documented. We discussed this with them and they agreed that it would be useful to record their spot checks and / or observed practices on staff.

The registered manager demonstrated their understanding of their CQC registration requirements. They had sent us information about medication error incidents that had occurred. The registered manager explained to us what actions had been taken to reduce the risk of any reoccurrence. We saw that processes had been implemented to check people’s medicines against their medicine administration record when it was received by the home. The registered manager told us, “Previously the checks were not in place, but we have learnt and implemented better systems.”

The provider had quality assurance processes in place. We looked at the last medication audit. We saw that this had not identified some issues that we identified and required action to be taken. For example, we found that one person had been administered some ‘when required’ medicine but staff had not recorded this on their medicine administration record. We saw that another person did not have any guidance in place for their ‘when required’ medicine. We discussed these issues with the registered manager and they agreed that they had been unaware of the identified issues. This meant that the provider’s quality assurance processes were not always effective.

We saw that both the registered manager and operations manager completed a quarterly ‘compliance with regulations’ audit. We saw that where issues had been identified as needing action to be taken, these were addressed in a timely way.