

Voyage 1 Limited

Sadlers Place

Inspection report

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Date of inspection visit:
12 November 2019

Date of publication:
16 December 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Sadlers Place is a residential care home providing personal care for up to nine people, including younger adults, who may have physical and/or a learning disability and/or autistic spectrum disorder. At the time of our inspection, eight people were living at the service. The accommodation is provided in a purpose-built house, with bedrooms and bathrooms on the first floor, with stairs and passenger lift access. People have use of communal areas including lounges, activities room, dining room and garden.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible to continue their daily routines and maintain their independence.

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

People were happy living at the home and had trusting, mutually respectful relationships with staff. People received highly personalised, responsive care from staff who went above and beyond to ensure people achieved positive outcomes and were as independent as they wished. Staff were warm and caring and respected people's privacy and dignity at all times.

Professionals and relatives were highly complimentary about the person-centred care and support people received. Professionals praised the registered manager's leadership and collaborative approach to working with other health services and families, which improved people's quality of life.

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. There was a consistent approach to safeguarding and any concerns were taken seriously and investigated thoroughly in an objective way.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were fully involved in their care and the running of the home. People decided how they spent their time and were supported to follow their interests and engage in a variety of activities which met their individual needs and preferences. People attended local groups and organisations and there were effective links with other services to increase people's circle of friends.

People's care and support plans reflected their needs and preferences and were regularly reviewed. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs.

Staff were well trained and supported to meet people's changing needs. The provider ensured there were

sufficient, suitably recruited staff to meet people's needs and promote their wellbeing.

Risks associated with people's care, including receiving their prescribed medicines, were identified and managed safely,

People were supported to maintain a healthy diet in line with their needs and preferences, and to access other professionals to maintain good health.

People benefitted from a service that had an open and inclusive culture, led by a registered manager who was committed to improving people's care and support. Governance arrangements were well embedded and effective in highlighting and rectifying any shortfalls. Staff respected the registered manager and felt valued and supported in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 17 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Sadlers Place

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

The inspection was carried out by one inspector.

Service and service type

Sadlers Place is a residential 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, which included information the provider had sent to us about important events that happened in the service. The provider was not asked to complete a provider information return prior to this 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.

During the inspection

We spoke with three people who used the service and a relative about their experience of the care provided.

We spoke with four members of staff including the registered manager, deputy manager and care workers. Some people were unable to give us their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand their experience.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives and two professionals who regularly visit the service. We looked at training data and quality assurance records.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff knew how to recognise and report abuse. Staff were confident the registered manager would act quickly to keep people safe if they reported any concerns.
- There were effective safeguarding systems in place. The registered manager reported any concerns promptly, using local safeguarding procedures, and informed us as required.

Assessing risk, safety monitoring and management

- There was a proactive approach to anticipating and managing risks. People were involved in making choices about risks to their safety and staff supported them to take positive risks and have maximum control over their care and support.
- Staff knew people well, understood their needs and explained how they supported people to ensure they were safe but had as much freedom as possible. For example, staff told us how they supported a person who had chosen not to follow dietary guidance. They supported the person to monitor their weight and take action if any concerns were identified.
- Risk management plans were detailed and covered all aspects of people's care, both at the home and when the person accessed the community. These were kept under review and updated when people's needs changed.

Staffing and recruitment

- People and relatives had no concerns about staffing levels and told us short term absences were usually covered by other staff. One relative said, "Very occasionally, sickness absence can be difficult to cover, but these occasions are as rare as hen's teeth".
- Staffing levels were based on people's assessed needs and the mix of staff skills was varied to ensure people's needs were met. For example, the service had their own transport and the registered manager always ensured a driver was on duty to transport people to their chosen activities.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely

- The service had effective systems and staff managed medicines consistently and safely.
- Staff were trained and observed to ensure people received their medicines as prescribed.
- Staff kept accurate records which were monitored to ensure errors were promptly identified and rectified.

Preventing and controlling infection

- The home environment inside and out was clean and safe for people. Staff had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.
- People were involved in identifying and managing risks relating to infection and hygiene. One person worked alongside the home's infection control champion to ensure effective procedures were followed and improvements made if needed.

Learning lessons when things go wrong

- There was an open culture at the service which encouraged staff to report any concerns.
- We saw that any accidents and incidents were investigated to identify any learning which may help to prevent a reoccurrence.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care

- People's needs were comprehensively assessed and expected outcomes identified. Nationally recognised tools were used to assess risk such as, skin damage and nutritional risks. These were regularly reviewed and updated with any changes in needs and choices.
- Prompt referrals were made to other professionals when needed to ensure people's needs were met. Professionals we spoke with were positive about how well the registered manager and staff worked with them. One said, "Communication is good and anything I ask gets done".

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us, and our observations confirmed that staff sought people's consent before providing support. One person said, "Staff respect my wishes". Another said, "Staff ask me and I'm quite able to say what I think, and I do"
- Staff had received training in the MCA and DoLS and understood their responsibilities when people lacked the capacity to make certain decisions. We saw they recorded their actions and assessments appropriately, which assured us people's rights were being upheld.
- Appropriate authorisations to deprive people of their liberty had been obtained from the local authority and staff followed the requirements in the DoLS.

Staff support: induction, training, skills and experience

- Staff were well supported to develop and maintain the required knowledge and skills to support people effectively and safely through the provider's training programme.
- Staff had regular supervision and appraisal which enabled them to review their practice and consider opportunities for development. One member of staff told us, "I'm learning new things every day and the manager is incredibly supportive".
- New staff received an induction and were supported by a mentor, who was a more experienced member of staff. A staff member told us, "The training has been good so far and I'm becoming more confident".

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

- People were positive about their meals and told us they were involved in choosing, planning and shopping for their meals. Meal planning included themed nights, which were based around food from different cultures.
- People's preferences were respected, and staff used innovative approaches to ensure people's dietary needs were met, whilst maintaining their freedom as far as possible. We saw this had a positive effect on people's lives. For example, one person told us they had a slight choking risk and staff kept an eye on them, without standing over them. In addition, changes made to another person's eating arrangements had enabled them to maintain a healthy diet and enjoy their meals.
- When people lacked the ability to communicate their wishes verbally, staff liaised closely with people's families to understand people's cultural beliefs and preferences in relation to their diet.
- People's weights were monitored when needed and staff sought advice sought from the dietician and speech and language therapist if they had any concerns.

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

- The home environment had been designed to meet people's individual needs and promote their independence.
- Relatives consistently praised the homely environment created by staff and the registered manager. A relative told us, "We've been able to use the lounge to have a 'girly night' with friends and family, it was lovely".
- People were involved in decisions about the decoration of the home. A relative told us, "They decide as a group on colours, furniture and pictures. It's their home".

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

- People were supported by a keyworker who they knew well and who involved them in managing their health and wellbeing as much as possible. People told us they saw their GP when needed and were aware of their health action plan, which detailed all appointments they attended and the outcome.
- Hospital passports were also in place which detailed people's individual needs, including information to support staff when people were unable to communicate verbally. One person told us about a protocol that had been put into place to keep them safe. This ensured ambulance and hospital staff would understand their needs.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception, people told us they were happy living at the home and that staff cared about them. One person said, "It's fantastic here". Another told us, "I know it's their job but it's kind of like a family here and people [staff] actually care". A third said, "It's like one big family here".
- Relatives were equally positive about the staff and praised the relaxed, homely environment they created. One relative said, "[Name of person] loves it very much, there's a family atmosphere, first name terms are always used".
- People received consistent care from an established staff team, some having worked at the home for many years. People liked being with staff, enjoyed their company and wanted to join in with whatever they were doing. For example, we saw people wanted to help staff in the kitchen. A member of staff told us they involved people in tasks whenever possible, for example people helped to count their own medicines during checks.
- Staff were prepared to go above and beyond in giving their own time to support people. For example, staff helped people choose the décor for their rooms and then wallpapered and painted their rooms for them. Staff also came in early or late to facilitate trips or social events. One member of staff told us, "It's [worth it], seeing smiles on people's faces, making a difference". Another said, "It's rewarding when you've helped somebody and can see they are happy".

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

- People told us they were able to make decisions about their care and how they spent their time. One person told us that staff had spoken with them because they were concerned about the number of late nights they were having. They said, "I'm a night owl and like staying up very late. It wasn't an order, they [staff] said we care about you and don't want you to end up in hospital".
- Staff advocated for people to resolve any conflicts between people and their families. For example, they told us how they had supported a person to wear something they felt comfortable in, which their family member had been unhappy with. This had helped the family member to see things from the person's point of view.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted at all times. A 'dignity champion' acted as a role model for staff, supported by a person living at the home, who ensured people's views were listened to and acted on.
- People's independence was promoted through the provider's 'active support' programme, which focused on developing people's daily living skills. A relative told us, "People do their own washing up and help with

cooking and cleaning. The manager has bought a special lightweight vacuum cleaner and extending dusters to help them".

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 improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received highly personalised care which enabled them to have choice and control over their lives. People told us staff encouraged them to choose how they spent their time and there were no restrictions on trying something new if this was what they wanted. One person said, "Staff say give it a try, we are here to support you". Relatives told us people were at the heart of the service. One said told us, "The manager has a saying, "It's all about the guys", and it is".
- Staff found innovative ways to support people which had a positive impact on their quality of life. For example, a person told us how staff had helped them to overcome their fear of the fire alarm. They told us, "Staff have showed me, and I know a little bit about it now". A staff member explained, "We involved them with our tests, showed them the fire panel and explained what happened when the alarm sounded. We also arranged a fire awareness visit from the local fire service. The firefighters came in the fire engine, dressed in their uniforms, so people would know what to expect. They [firefighters] also had a look around everyone's bedrooms and said they could see we were on the ball with everything".
- Staff had also enabled a person to take part in regular health screening, which they had initially been very worried about. A staff member told us how they had involved the community nurse and the person's family member. They said, "The nurse visited a number of times and the person agreed to being supported in their bedroom, where they felt most comfortable. Afterwards they told us they didn't know what the all the fuss had been about". This showed us the staff understood people's needs and were proactive in ensuring they were met.
- Staff were flexible and went the extra mile to ensure people were supported to enjoy life to its fullest. During our inspection visit, people and staff told us how they were looking forward to a holiday to Blackpool, which was themed around their visit to see the show 'Dirty Dancing'. Following our visit, a relative told us the holiday had been cancelled at the last minute due to problems with the hotel. They said, "The manager has called me to explain. She and the staff are absolutely gutted but they've made sure people don't miss out. They've already arranged outings every day, for example they are going to the Trafford Centre and one day staff are coming in to put on a show with songs from Grease. Staff are brilliant".
- Professionals were highly complimentary about the personalised nature of the service and how staff adapted to meet people's changing needs. One told us about a person whose mobility had deteriorated rapidly and how staff varied the person's routine to ensure they could still attend day service. They told us, "The staff were excellent, [Name of person] really loved going, it was so important to them".
- People told us they were happy with their care plans, which focused on the person's whole life and identified goals and aspirations, relevant to their level of ability. Relatives were invited to be involved in reviewing people's care appropriately. One relative said, "I'm involved in discussions as much as I can and

go to reviews if [Name of person] wants me involved".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People met on a weekly basis to plan activities and social events that met their individual needs and preferences. Staff were creative in developing people's interests into meaningful activities. For example, one person loved computers and enjoyed using a keyboard. A staff member told us how they involved them in making up new file folders each month. They had observed their growing confidence when using the shop's tablet computer to complete a purchase during a recent shopping trip.
- People were encouraged and supported to engage with services and events outside of the home. They told us they attended various clubs on a weekly basis and had met people from a neighbouring Voyage service when staff organised a 'Come dine with me' event. People had been involved in planning the menus, decorating the dining room and getting dressed up for the event. This helped build links with the local community to increase people's circle of friends.
- People's preferences for expressing their spiritual and cultural needs were considered and met. For example, staff ensured a person attended church regularly with their family.

End of life care and support

- Professionals were highly complimentary about the person-centred approach of staff and told us they provided outstanding end of life care. One told us, "It was the best I could have hoped for [for the person], it was so dignified, they were so cherished, staff went over and above, I can't praise them enough. The person's family were with them throughout and there was a staff member with them all the time. The family felt the person couldn't have been anywhere better".
- The registered manager was clearly proud of the staff team and of the care they provided to enable one person to remain at home in accordance with their wishes. They told us, "We all worked together, staff and professionals. The staff never left [Name of person] alone, they always held their hand to comfort them, and some would come in on their days off to sit with them. I can't tell you how good it felt to be part of it".
- People living at the home were also supported to grieve for the person who had passed away. The registered manager told us, "People who were close friends attend the funerals and one person's family asked us to hold the wake here. We have also let balloons off, which helped people come to terms with the person having passed away".

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.

- The provider was meeting the AIS by identifying and meeting the communication needs of people with a disability or sensory loss. Staff were knowledgeable about people's needs and used a variety of aids to support people, including keyboard communication tools and symbols and pictures.
- Staff supported people to understand information through 'tool-box' talks, where they discussed leaflets produced by external services in an easy read format on a range of topics, including how to recognise abuse and health issues. For example, a staff member told us people had been surprised about the high sugar content of some fruit drinks, which helped them understand how to reduce their overall sugar intake.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise any concerns and complaints and were confident they would be resolved. One person told us, "If I have any concerns, they are resolved. Also, if I see something I don't

think is right and the person can't speak up for themselves, I would go to the manager".

- A compliments/complaints book was in place at the entrance to the home. Although the service had received no formal complaints, there was a system to log and track any concerns or complaints and make improvements where needed.
- We saw numerous thank you cards which detailed glowing praise for the care received.

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 improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- There were high levels of constructive engagement with everyone involved in the service, demonstrated by the provider's commitment to listening to people's views on the running of the service. Some people had an active role in the provider's quality team as 'quality checkers', who were trained and supported to carry out quality visits to other services. One person described the visits as 'work' and records showed they were achieving the target they set to attend a set number of visits. Another person's relative told us, "It's improved [Name of person's] confidence and being a very chatty person, it suits them down to the ground. They love it and it gives them a feeling of value".
- The provider promoted a clear vision and values which put people at the heart of the service. The registered manager had taken this a step further and encouraged people, relatives and staff to give their views on how well they were meeting them. The feedback was used to develop an 'ethos' which was specific to Sadlers Place. The results were displayed on a poster, with each 'value' represented by a person who lived at the service dressed in a 'superhero' costume of their choice, stating how the value was met. This showed us the provider and staff welcomed feedback and saw it as a way of holding the service to account.
- Relatives were encouraged to become involved in the running of the service through a forum, which was made up of people living at the home, relatives, and staff. A relative told us, "It's all about moving Sadlers Place forward. We've recently fundraised and provided a gazebo. It's all covered, and people can access it using a ramp for some peace and quiet. We've provided other equipment and planned parties and things and people have been happy with everything we've done".

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

- The registered manager and staff had created a homely and supportive home for the people who lived at Sadlers Place. One person said, "It's like living in a big flat, and we've all decided to live together. We are like a big family, I'm perfectly happy to stay. A new member of staff has come and introduced themselves to us today and we've welcomed them to the team".
- Relatives and professionals had complete confidence in the way the service was managed. All the comments we received were complimentary about the registered manager's approach and leadership. For example, a relative told us, "The manager is wonderful and the right person for the job. The home is 100% well run, and I can walk away perfectly happy that [name of person] is safe". A professional told us, "It's the best service I go to, anything I ask for is done. It's down to the staff team and how the manager leads them. They [the manager] are forward thinking and innovative, the service is very lucky to have them".

- Staff clearly respected the registered manager and were motivated by and proud of working in a service that was always striving to improve. One staff member said, "[Name of manager] is incredibly supportive and helps us to develop as individuals, which benefits the service [people receive]".

Continuous learning and improving care; Working in partnership with others

- The registered manager was passionate about sharing good practice to drive improvements. For example, a health professional told us the registered manager had been proactive in seeking support to promote oral healthcare. They said, "Two staff came for training last week and we suggested we could visit the home to talk to people about cleaning their teeth and gums. The manager called us back straight away and we've got a date set up in December already". A staff member told us, "We haven't always thought about oral care, for example we don't think about bleeding from a tooth or the gums in the same way as you would from a person's eye. The training has helped us look at the bigger picture".
- The service had been recognised by Voyage as regional and overall winner of Care Home of the Year in 2017. The registered manager told us they nominated staff for individual awards to recognise and reward their progress. For example, they had nominated a staff member who had worked hard to achieve an NVQ, despite English not being their first language.

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

- Governance systems were clear, embedded in the service and effective in driving improvements. The registered manager had clear oversight of the service and constantly looked at how improvements could be made.
- Staff understood their role in providing a quality service and had confidence in the way the service was managed. Each staff member had a role as a 'champion', carrying out checks and audits in all areas of the home. Action plans were put in place to rectify any concerns identified.
- Accidents and incidents were thoroughly investigated, monitored for trends and action taken to prevent reoccurrence. For example, staff member told us about the improvements that had been made following a medicines error.

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

- The registered manager was open and transparent throughout our inspection and was clearly dedicated to their role. They understood their responsibilities under Duty of Candour and we saw that they were open and transparent with people and their families when accidents and incidents occurred.
- Staff knew about whistleblowing and told us they would have no hesitation in reporting any concerns they had. Whistleblowing is when staff raise concerns about poor practice in their workplace.