

Voyage 1 Limited

Astbury View

Inspection report

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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 ●

Summary of findings

Overall summary

About the service Astbury View had a registration to provide personal care and accommodation to a maximum of nine people. People who lived there may have a learning disability and/or autism. At the time of the inspection eight people lived at the home.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, and independence. People using the service received individualised care and support to meet their needs.

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

The provider had quality assurance systems in place and action had been taken to continually drive improvements. However, a number of issues identified during the inspection had not been picked up by managerial observations or by in-house audits.

People felt safe and were supported by staff who had received training in how to recognise, report and act on any signs of abuse. People told us they were supported by staff who kept them safe and protected them from harm. Staff had reported any concerns regarding abuse to the registered manager. The registered manager had notified us and the local authority of incidents and concerns as is required by law. Staff were aware of people's individual risks and systems had been applied to minimise those risks. Recruitment processes ensured staff were safe to work with people. The registered manager had an on-going recruitment drive to ensure staffing levels would be consistently maintained. In general medicines were managed safely and were administered as they had been prescribed. Accidents and incidents had been analysed and where required changes had been made to practice preventing future occurrences. The premises were visibly clean.

People's needs were assessed regularly or when a change in their condition and/or circumstances required re-assessment. Staff had received a range of training to enable them to support people adequately. To promote people's health and well-being, people had access to a range of healthcare services on an as needed or regular basis. Staff supported people in the least restrictive way possible and in their best interests. The principles of the Mental Capacity Act (2005) were followed. People were offered a varied and healthy diet that met their likes and any special requirements. People's preferred colours and accessories had been considered with the current re-decorating and refurbishment plan.

People and their relatives told us the staff were polite, kind and promoted people's dignity, privacy and independence. The atmosphere of the home was friendly. People had been supported to make decisions about their daily routines and how they wished to live their lives. Visiting times were open and flexible.

People were involved in the development of their care plans. Relatives were involved in reviews of their family member's care and support. People had no complaints and were confident that if they raised

concerns they would be dealt with appropriately.

Relatives and people had been asked to give feedback on the service provided. People and their relatives were complimentary of the registered manager and the service provided.

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 10 July 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Astbury View

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

Astbury View is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who was registered with the CQC. The registered manager and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did.

The provider had not been asked to complete a new 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 reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

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. We spoke with two people who used the service and three relatives about their experience of the care provided. We reviewed a range of records. This included, health action plans, communication care plans and medication records. We looked at three staff files in relation to recruitment and staff supervision, and a variety of records about the management of the service including policies and procedures. We looked at the premises which included two people's bedrooms.

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 as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People had been supported by staff who had received training in how to recognise abuse.
- Staff told us what the signs of abuse could be. Staff also told us they had no current concerns. A staff member told us, "If I felt a person was a risk of abuse I would report to a manager".
- People we spoke with told us they had not been abused. Relatives we spoke with confirmed they had no concerns about abuse. A relative said, "They (person's name) have lived here for years. I have never seen or heard anything of concern".

Assessing risk, safety monitoring and management

- People had been protected from avoidable harm. Risk assessments had been completed and updated regularly to identify people's individual risks. These included, incidents of seizures, pressure sores and choking. One person spent time on the floor. Staff ensured that floor space was clear from objects and clutter to prevent injury.
- Staff had good knowledge of people's individual risks. A staff member said, "The registered manager is keen that all staff are kept informed about people's risks". One person said, "I am safe here I don't have any worries and I have never hurt myself".
- Moving and handling equipment was readily available and staff told us they were confident to use this.
- Measures had been taken for risk limitation in relation to the premises. For example, window restrictors were in place in first floor windows, radiators had been guarded and the fire alarm and other equipment had been serviced as required to ensure it was safe to use.

Staffing and recruitment

- People told us there were enough staff to meet their needs. A relative said, "I think there are generally enough staff. I think if staff are off ill it can sometimes cause a problem". A staff member said, "Usually I think there are enough staff".
- For nearly an hour three people were alone in the lounge. Although, people's record did not specifically highlight they would be at risk if left alone. The people at that time were not being engaged with or supervised. During this time one staff member was undertaking cleaning tasks. This situation was not identified by the registered or deputy manager until we informed them of the situation.
- The registered manager told us there had been staff sickness and a few staff vacancies. They described the contingency plans they had in place to cover staff sickness and leave. This included staff working overtime and managers stepping in to cover shifts. A staff member said, "We (staff) cover if staff are on leave. It is good as people who live here know us and we know their needs".
- The registered manager told us they had an on-going recruitment drive. They told us new staff had been

appointed and were due to start work soon. This was confirmed by staff we spoke with.

- The provider had completed recruitment checks on staff prior to them commencing in post to make sure they were safe to work with people. A staff member said, "I could not start work until all my checks had been completed". Records confirmed this.

Using medicines safely

- People told us they had no concerns regarding their medicines and they received them as they were prescribed. A person said, "Staff always give my tablet and at the right time".
- We looked at the Medicine Administration Records [MARs] for four people. We found the medicine prescribed for each person was available. We counted some tablets against totals on records and found they balanced correctly.
- Protocols were in place to direct staff in what circumstances 'when required' medicines should be administered.
- Medicine records had been checked and audits completed by the management team. A staff member told us, "Audits are undertaken regularly on medicines". However, there were some staff signatures missing on a small number of people's records going back one to two weeks. A staff member told us, "I don't really know why this has not been picked up". The registered manager told us they would monitor this more closely in future.

Preventing and controlling infection

- Measures were in place to prevent infection outbreaks.
- The provider had recommended to staff that they should consider having the flu vaccination to prevent them being at risk of ill health, and that of the people who lived at the home.
- Personal protective equipment was available that included disposable gloves and aprons. Other equipment was also in place that included; adequate laundry facilities and equipment, appropriate waste bins, liquid soap and paper towels to help promote good hygiene standards.
- Staff had received training in relation to good hygiene processes. A staff member told us, "I had infection control training. I have no worries the home is clean".
- The premises looked visibly clean. Some redecoration was being undertaken to freshen and brighten the premises.

Learning lessons when things go wrong

- Staff knew of their responsibilities to report accidents and incidents. A staff member said, "If there is an accident staff must tell the manager or senior straight away. Everything must be documented".
- We saw systems were in place to analyse and determine any patterns or trends regarding accidents and/or incidents to prevent future occurrences.

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.

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

- People told us their needs were met. A person said, "The staff help me with everything everyday". A relative told us, "They (person's name) are looked after well by the staff".
- Records confirmed people's needs and risks were assessed, and care plans were updated regularly.
- People and their relatives had been involved in care planning production and reviews. A relative told us, "The staff asked me to be involved in care planning, so they had a good overview. The staff know their (person's name) risks, likes and dislikes". A person told us, "I have meetings with the staff. They know what I want".
- Needs assessments covered all needs including people's health and social needs and activity preferences.

Staff support: induction, training, skills and experience

- The providers training records confirmed staff received training and refresher training. A staff member told us, "I have done all the mandatory training". A relative said, "The staff know how to care for them (person's name)".
- All staff we spoke with told us they received regular supervision sessions and an annual appraisal. This was confirmed by records. A staff member said, "The supervision is helpful. My job is important to me. Supervision highlights what I do well and my learning needs. We (staff) don't have to wait though we can speak with seniors or the manager at any time".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff told us they obtained people's consent prior to supporting them. A staff member said, "I would never

care for anyone unless they agreed first".

- Staff we spoke with had a good understanding of the principles of the MCA 2005. Staff were aware of their responsibilities regarding DoLS. A staff member told us, "People here are very much at risk. They could not go out alone and they require supervision this is how people are restricted for their own good. However, we (staff) cannot restrict people unless there is an approval".
- The registered manager had notified us recently of a new DoLS authorisation for one person. Documents confirmed that applications for assessments for a further three people had been made by the registered manager and were pending with the local authority.

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

- Records highlighted people's likes and dislikes relating to food and drink. One person said, "I enjoy my food". Another person told us, "I like all the food. I can eat what I like".
- A staff member said, "We (staff) ask people to select what they would like to eat to plan the next menus. This way people get the meals they like".
- People were assessed to determine if they suffered from food allergies or were at risk of choking. Some people were at risk of choking when drinking. A staff member said, "Some people are prescribed a thickener to add to their drinks to prevent them choking". The staff member told us which people had been prescribed the thickener and how many scoops they required in their drinks.
- Records confirmed where a risk was present staff had referred people to the dietician and Speech and Language Therapist (SALT) for assessment to minimise risk and give staff expert advice.

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

- Staff told us they had a handover at the start of every shift. A staff member said, "Staff are all kept up to date about people's current situations".
- Staff told us they worked well with external social care professionals and maintained links with people's relatives. A relative told us, "The let me know in good time if there are any changes".

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

- The home represented a domestic style house and was located in a residential area.
- The premises were easily accessible to people who used a wheelchair or who had restricted mobility. A passenger lift was provided to enable people to be able to move freely within the home. A specialist bath and showers were provided that gave people the choice of how they wished their personal hygiene needs to be met.
- Level, enclosed, safe, garden space was available. Easy access to this could be gained from the dining room. A person said, "I love the garden especially when it is warm".
- People told us they liked their bedrooms. Two people gave permission for us to look at their bedrooms. These were personalised with belongings and colour schemes. A person said, "My bedroom is good. I like it. I like the colour red". Another person told us, "My bedroom suits me well. I have my own things in there".
- A large room was available for people to participate in a range of activities. A sensory room was also provided. A person said, "I think we (people) are lucky to have the rooms for activities".

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

- People told us they were supported to access healthcare services. A person said, "staff help me to go to the doctor and dentist". Staff told us, and records confirmed that people received all the health care input they needed this included consultant specialising in learning disabilities. A relative told us, "Oh definitely. They (person's name) attend all the health appointments they need".
- Staff told us, and records confirmed all people had an annual health care check from their GP to monitor their health and well-being.

- We saw that health action plans and hospital passports were available. Those documents were used for people's health monitoring and to inform hospital staff about people's needs and risks".

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 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

- People felt staff were friendly and kind. A person said, "I like the staff they are helpful and kind". A relative told us, "Oh the staff are all lovely". Another relative told us, "The staff are caring".
- Staff asked people if they were alright and took an interest in them. One staff member said, "I like working here because I really like the people here. They are lovely. All staff are caring. We would not do this work otherwise".
- People wore clothing and had their hair styled in a way that was appropriate for them. A person said, "I like to wear man clothes jogging bottoms and jumpers and I do".

Respecting and promoting people's privacy, dignity and independence

- Records confirmed staff had sought the preferred form of address for each person. Staff used those names when addressing people.
- A person said, "The staff are polite. When I am in my bedroom they don't come in without knocking the door". A relative said, "Staff are respectful to me and them (person's name)".
- People had their own bedroom which enabled private personal space. Staff told us where ever possible they enabled people to attend to their own personal hygiene to enhance privacy and dignity.
- A staff member told us, "We (staff) ask people what they want to wear. If people cannot tell us we select a number of items and show them for people to chose".
- People were supported to maintain their independence. Staff encouraged people to eat independently and to do small tasks for them-selves. A person said, "I do loads of things for myself. I dress, wash, shave and get into bed".

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

- A person said, "I make my own choices about everything because I can. The staff encourage this and listen to me. I live like I want to here". A relative told us, "I am always involved in their (person's name) care planning. I attend meetings and reviews because of this I know they get the care and support they would want".
- At meal times staff asked people where they wished to sit. Staff supported people to do what they wished to during the day. One person told us, "I go to bed very late and get up very late. I like to listen to watch films".
- The premises were warm, bright, homely and welcoming. A relative said, "Brilliant atmosphere". Relatives we spoke with confirmed they were made to feel welcome. One relative said, "I am always welcomed here. The staff smile and make me feel valued". Another relative told us, "It is always a pleasure to visit".

- Information was on display within the home giving contact details for external, independent advocacy services.
- The staff were aware how to access advocacy services to support people when making decisions around their care. Records highlighted one person had an advocate and this was confirmed by staff we spoke with.

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

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

- People's care records were regularly reviewed and updated to reflect any changes in their care needs.
- A person said, "I tell the staff how I want things to be done. I make decisions about how I want to live and I do that".
- Records highlighted people's likes and dislikes and other important information.
- Staff we spoke with knew what was important to each person. A relative said, "I help with their (person's name) care planning. This way I ensure the service is provided as they want it to be".
- The provider knew how having a pet was important to one person. The person's records highlighted how much they liked their pet bird and the way it sang to them. The bird lived in a cage in the person's bedroom. The registered manager said, "The person really loves the bird. It gives them great joy".

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.

- Some people had communication passports and care plans. Records highlighted for one person, "How I communicate; I use my voice to tell you if I am happy or sad. I eye point from two objects". Staff told us what eye pointing meant and how it worked in practice. A staff member said, "It works very well for them (person's name) we (staff) can understand and they can make their choices known".
- Staff spoke clearly and slowly and used hand signs and symbols to help people understand what they were saying and to enable them to make choices. A staff member said, "We (staff) use pictures of food and activities to help people understand better".

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

- The home was located in an area that had a range of community facilities including, shops and a park. The local area also offered a range of transport opportunities including bus and rail. People were supported regularly to take advantage of local amenities.
- An activities co-ordinator was employed and worked full time.
- A large activities room was available within the home. It was bright and colourful. The registered manager told us, "This room has recently been re-decorated and new tables have been provided. It is much better now". Staff told us in-house activities included painting, crafts and cooking". A person said, "I like doing

activities here".

- Records confirmed all people were involved in a range of external activities including, going into the community to shop, out for meals, out for a drive or a walk. A relative told us, "Activities provided do meet people's needs there". A person told us, "I love Harry Potter. The staff went with me to see the latest film. It was amazing".

Improving care quality in response to complaints or concern

- A complaints procedure was available and on display in the home. This had been produced in pictures and writing that helped people to understand it better. A person told us, "I know about the complaints procedure I have seen it. I have no complaints though. If I did I'd tell (registered managers name)". A relative said, "I have never made a complaint. I have had no reason to".
- No recent formal complaints had been received. The registered manager described the different stages of the complaints procedure if one should be received. This included documentation, investigation, feedback to the complainant, taking action to address issues if applicable.
- The registered manager told us a relative had not been happy about the instruction a district nurse had given about a person requiring bed rest. The registered manager told us they had a meeting with the relative to discuss the issue and explain the reason for the instruction. They told us the relative had accepted the explanation which was confirmed by staff.

End of life care and support

- The service did not currently support any people who were receiving end of life care.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Where issues were identified, action was not always taken in a timely manner.

Continuous learning and improving care

- Care and support was not always of the standard required. Although they were not upset or agitated three people were left alone in the lounge during the morning for an hour. Instead of staff being present in the lounge to supervise the people one staff member was attending to cleaning duties. This highlighted more focus had been placed on tasks rather than people. The registered manager told us, "The staff member should have left the cleaning until later". Neither the registered manager or the deputy manager had monitored the lounge during that time to gain an oversight of what was happening. This meant they did not identify the people were not receiving the support they required. The registered manager told us they would monitor this more closely in future.
- A small number of medicine records had missed staff signatures. The missing signatures had occurred a week or so prior to our inspection yet management had not identified this shortfall.
- Some policies and procedures dated September 2019 highlighted, "staff to read and sign" the documents. However, to date, only a small number of the staff group had signed the policies and procedures. This meant staff may have been unaware of changes in working practices and guidance.
- Staff spoke positively of the new registered manager and the changes introduced since they had been in post.
- The new manager was keen to do things right and improve the overall service for people. They told us about the re-decoration that had been undertaken and the refurbishment of the kitchen. They told us they had requested funding for replacement blinds and furniture and that had been allocated. A person said, "I chose the colour for here (the lounge). Everywhere looks lovely now".

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

- All staff we spoke with understood their roles and responsibilities. They told us they received one to one supervision and team meetings and were confident they could raise concerns or request training they may feel beneficial.
- Records confirmed staff had received whistleblowing training. A staff member said, "I know about whistleblowing and would not hesitate to report any bad practice or concerns". The registered manager told us staff reported issues when they had a concern.

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

- People were familiar with the registered manager. They were calm and smiled when speaking with or were

in the presence of the registered manager. A person said, "I know who the manager is and said their name. The manager talks to me and listens. They are good and helpful". A relative said, "I can go into the office and speak to the manager anytime".

- Another relative told us, "I decorated their (family members name) bedroom. We selected the colour and then I painted it. I enjoyed doing that for (person's name). It made me feel included and valued".

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.

- A relative said, "If anything negative has ever happened for example illness, the staff ring me straight away".

- The registered manager told us, and records confirmed where safeguarding or other concerns had occurred we and the local authority had been informed as is required by law.

- The service most recent inspection rating was on display on the provider's web-site and in the home as is required by law.

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

- Staff felt supported and listened to. A member of staff said, "Things have really improved since this manager came. Previously staff it felt like staff were not valued or listened to. That has changed now".

Another staff member told us, "The manager encourages us to take responsibility for things. For example, a person needed a new part for their chair and I was allowed to sort it".

- People's feedback of the service was sought through meetings and surveys which were sent out to people, relatives and staff. The information from meetings and surveys was analysed and any points for action responded to. A relative told us, "I give my view on the service. It is good. I did feel the decoration was tired and needed attention. Since the new manager has been here the lounge and activity rooms have been re-decorated they are much better".

Working in partnership with others

- Staff told us they worked alongside other professionals such as GPs, district nurses and social care professionals to ensure people's care and social needs were met. Records we looked at confirmed this.