Voyage 1 Limited

Voyage 1 Limited - 836 Walsall Road

Inspection report

836 Walsall Road
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 8 October 2015 and was unannounced. At our last inspection in October 2013 the provider was compliant with all the regulations we looked at.

Voyage 1 836 Walsall Road is a residential home which provides care to people who have learning disabilities. The service is registered with the Commission to provide personal care for up to four people and at the time of our inspection there were four people using the service. There was a registered manager at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse.

The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff constantly asked people if they required support and provided reassurance when necessary.

People had their needs and requests responded to promptly. All the relatives and staff we spoke with told us that they felt there were enough staff to meet people's care needs. Staff vacancies had recently been appointed to and several new members of staff were undergoing an induction process.

Medication was managed safely. Staff were able to explain the provider's protocols for the administration and reporting of medication errors. The registered manager conducted regular audits and we saw that any errors had been dealt with appropriately.

People were supported by staff who had received regular training and supervisions to maintain their skills and knowledge. Relatives and health professionals who supported people who used the service told us they felt that staff supported people in line with their instructions and care plans.

People were regularly asked by staff if they were happy and how they wanted to be supported. One member of staff showed us a guide to the principles of the Mental Capacity Act 2005 (MCA) which they carried with them as a reminder of their responsibilities to seek the consent of the people they supported.

When people were thought to lack mental capacity the provider had taken the appropriate action to ensure their care did not restrict their movement and rights under the MCA. Decisions about the care people received were made by the people who had the legal right to do so.

A person who used the service told us they enjoyed the food they were given. Staff knew what people liked to eat and demonstrated they knew peoples' gestures for when they wanted a drink. This enabled people to eat and drink enough.

People said or indicated they were happy to be supported by the service. We observed people had developed caring relationships with the staff who supported them. Relatives said there was a positive atmosphere in the home. People were encouraged by staff to take part in tasks around the home if they wanted. This promoted people's independence.

Staff supported people to engage in interests they knew were important to them. When requested people had been supported to visit relatives at home and also speak to them on the telephone.

People felt that concerns would be sorted out quickly without the need to resort to the formal complaints process. Relatives told us that any issues were dealt with appropriately and to their satisfaction.

All the people we spoke with were happy to be supported by the service and were pleased with how it was managed. People were encouraged to express their views about the service and felt involved in directing how their care was provided and developed.

The registered manager had obtained and shared examples of good practice from some of the provider's other locations to ensure the service continued to develop.

The service had a clear leadership structure which staff understood. Staff told us and we saw that they had annual appraisals and regular supervisions to identify how they could best improve the care people received.

The provider had processes for monitoring and improving the quality of the care people received. When an adverse event occurred the registered manager had identified the actions to prevent a similar incident from reoccurring. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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

People's medicines were managed appropriately.

Good

Is the service effective?
The service was effective. People exercised their right to choose how they wanted to be supported because staff were clear about the requirements of the Mental Capacity Act 2005 (MCA).

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

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

Good

Is the service caring?
The service was caring. Staff were attentive and considerate with people.

Staff knew what people liked and supported them to pursue their interests.

Good

Is the service responsive?
The service was responsive. People could express their views and the staff would take action to ensure these views were responded to appropriately.

Peoples received the support they needed to maintain their health when their care needs changed.

Good

Is the service well-led?
The service was well-led. People were supported by staff who shared common values and a vision to improve the service people received.

People were involved in how the service was developed because the provider regularly sought the views of relatives and staff when assessing the quality of the service.

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

Good

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Detailed findings

Background to this inspection

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

This inspection took place on 8 October 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We spoke to a health professional who supported people who used the service. We used this information to plan what areas we were going to focus on during our inspection.

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

After our inspection we spoke with the deputy manager and two further members of staff.

Good

Is the service safe?

Our findings

A person who used the service told us, “They keep me safe, happy and calm.” All of the relatives we spoke with told us they felt their family members were safe. They were confident the registered manager and staff were approachable and would take action if they raised a concern about a person’s safety. One relative told us, “They are totally safe.”

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. Staff we spoke with could explain the process they would take if they felt a person was at risk of abuse. We noted this was in line with local safeguarding authority guidance. Staff knew people’s preferences and we saw that staff supported people in line with these wishes. Staff regularly interacted with people and provided reassurance when necessary. Four members of staff told us it was very important that they respected and supported people’s rights to choose how they wanted to live and to respect the choices they made. A member of staff told us, “It is their right to choose, it’s their home.”

The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with and our observations confirmed that care records contained information which enabled them to manage the risks associated with people’s specific conditions. These had been updated as people’s conditions changed so staff were able to ensure people received the support they needed to remain safe. Staff we spoke with were available to demonstrate they knew people’s preferred communication styles. We observed a member of staff ask a person if they wanted a drink by using gestures which the person understood. We observed another member of staff sit with a person and supported them to express themselves by being patient and encouraging. Staff could understand if people were expressing that they felt unsafe.

All the relatives and staff we spoke with told us that they felt there were enough staff to meet people’s care needs. The registered manager and staff told us that there had been one occasion in the last month when a shift had not been fully manned. Although the provider operated a pool of bank staff to provide ad-hoc cover when required this had not been effective as there were no bank staff available on this occasion. The registered manager told us and we saw that staff vacancies had recently been appointed to and several new members of staff were undergoing an induction process. The registered manager felt this would reduce the service’s need to use bank staff in the future. On the day of our visit a member of staff was unable to attend their allocated shift and the registered manage had taken on their duties. This ensured the required staffing levels were achieved and people were able to undertake their planned activities. The registered manager showed us that staffing levels were based on an assessment of people’s care needs. They told us they would be expected to review these levels if people’s conditions changed.

Medication was managed safely. A member of staff we spoke with was able to explain the provider’s protocols for the administration and reporting of medication errors. A member of staff had recently been appointed as a “lead” for medication. Their role included monitoring the quality of medication management at the service and providing guidance for other staff about how to support people to receive their medications as prescribed. The registered manager conducted regular audits and we saw that any errors had been dealt with appropriately. Medicines were stored correctly to ensure they were safe and maintained their effectiveness. People’s care records contained details of the medicines they were prescribed any side effects, and how they should be supported in relation to medicines. Where people were prescribed medicines to be taken on an “as required” basis there were details in their files about when they should be used.

Good

Is the service effective?

Our findings

People were supported to maintain their health and welfare. Relatives told us they were pleased with how people were supported and that several people's conditions had improved since being at the service. A relative told us, "It's a very good place, suitable for my relative," and, "The best place they have ever had."

Staff told us and records confirmed that they received regular training and supervisions to maintain their skills and knowledge. All the staff we spoke with felt they had the necessary skills to support the people who used the service. The registered manager told us they were introducing a series of staff champion roles at the service. Dedicated members of staff would be supported to have the necessary skills and knowledge to provide advice and guidance to other members of staff about specific aspects of care, including medication management, infection control and how to support people's rights. A member of staff who had recently started to work at the service told us they underwent a robust induction process which included an assessment of their abilities to meet people's needs. We saw that members of staff had undergone additional training when necessary so they could continue to support people as their care needs changed. Records also showed that staff discussed people's latest support needs at daily handovers and regular staff meetings.

We saw that care records contained guidance for staff about how to keep people safe from specific risks associated with their conditions. These assessments had been regularly reviewed and up dated as people's conditions changed. We spoke to two health professionals who supported people who used the service and both said they felt that staff supported people in line with their instructions and care plans.

During our visit we observed staff regularly asking people if they were happy and how they wanted to be supported. We noted that people were supported in line with their wishes. Staff we spoke with were knowledgeable about the requirements of seeking consent from people who used the service. One member of staff showed us a guide to the principles of the Mental Capacity Act 2005 (MCA) which they carried with them. This was to remind them of their responsibilities to the people they supported. The registered manager told us all staff had been issued with these guides.

The provider had conducted assessments when people were thought to lack mental capacity to identify how care could be provided in line with people's wishes. When people lacked capacity, the provider had taken action to seek that the care and treatment people received did not restrict their movement and rights under the MCA. Due to the risks presented by their specific condition, the provider had restricted the movements of one person who used the service. We saw that they had approached the appropriate authority for approval to support the person in a specific way and to identify if any less restrictive alternatives were available. The local safeguarding authority had approved the provider's proposed care plan. The provider had conducted best interest meetings when people were thought to lack mental capacity and relatives told us they had been involved with these meetings. Decisions about the care people received were made by the people who had the legal right to do so.

A person who used the service told us they enjoyed the food they were given. They said, "I like the food, I like fish cakes." We observed that people regularly asked for or were offered drinks and snacks by staff. People received the food and drinks they asked for promptly. During our visit one person was supported by a member of staff to go out for lunch at a local pub. People were involved in planning their menu each week and were offered the opportunity to go shopping for their food if they wanted. When a person was unable to say what they wanted to eat, staff prompted the person to go to the kitchen and select what they wanted. Staff knew what people liked to eat and demonstrated they knew peoples' gestures for when they wanted a drink. This supported people to eat and drink enough.

Records showed that when necessary the provider managed people's weights and sought clinical advice when they felt people were at risk of malnutrition or choking. This helped people to receive the appropriate nutritional support to keep well.

Healthcare professionals told us that people had regular access to healthcare services. Records showed that the provider acted quickly to involve other services when people became unwell or it was felt their condition was deteriorating. Details from doctors' appointments were shared at staff handover and how staff were to follow any advice and guidance given.

Good

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. A person who used the service told us, “It’s lovely here.” A relative told us, “Staff are all lovely with them.” Another relative said, “They are very happy there.”

We observed people had developed caring relationships with the staff who supported them. Staff constantly interacted with people and were considerate and respectful of their wishes and feelings. Two relatives we spoke with said there was a positive atmosphere in the home. A relative told us, “When my relative visits me, they soon want to go back to the home and points at the door.” Another relative told us the home felt, “Normal, ordinary and homely.”

Staff spoke about the people they supported with affection. One member of staff told us, “I love it here, they are such lovely people.” All the staff we spoke with knew how people liked to be supported and we saw that staff were keen to comply with people’s requests for support. We observed a member of staff support a person to go out for lunch and both expressed they were looking forward to the trip.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. Relatives said that staff respected people’s choices and delivered care in line with their wishes. When necessary people were supported with communication aids to help express their views. Family members and other health care professionals were also invited to speak up on people’s behalf if required. The provider sought out and respected people’s views about the care they received.

People were encouraged by staff to take part in tasks around the home if they wanted. We saw staff asking a person if they wanted to make their own lunch and another person enjoy clearing the table after lunch. This promoted people’s independence. We observed staff would knock and seek permission before entering people’s bedrooms in order to respect people’s privacy and personal space. We observed a member of staff take swift action when a person’s behaviour risked compromising their dignity.

Good

Is the service responsive?

Our findings

Relatives told us that the service met people's care needs and were confident it would respond appropriately if people's needs and views changed. A relative told us, "They are definitely very happy there." People were supported by staff they said they liked.

The provider supported people to engage in interests they knew were important to them. Staff we spoke with could explain people's interests and what they liked to do. We noted this information was also available in people's care records as guidance for new staff. During our visit we observed people were continually supported to engage in the activities they said they wanted to do, such as listening to the radio and drawing. On the day of our visit one person asked to go to the pub for lunch and another person to attend a day centre. We saw that both people were supported to undertake these activities. The registered manager held weekly meetings with people so they could identify what they wanted to do each week. We saw that people had been supported in accordance with their wishes.

People told us and records confirmed that they were involved in reviewing their care plans. When necessary people received help to express their views from the people who they said were important to them such as relatives and social workers. Relatives told us that the registered manager sought their opinions of the service at regular meetings. We saw that records were updated to reflect people's views when they changed. This supported staff to provide care in line with people's latest wishes.

Staff we spoke with were able to demonstrate they knew people's life histories and how these could influence how they would want their care to be delivered. This helped staff to support people to maintain relationships with the people they said were important to them. We saw that people had been supported to visit relatives at home and also speak to them on the telephone.

People we spoke with were aware of the provider's complaints process. All the people we spoke with felt that concerns would be sorted out quickly without the need to resort to the formal process. One relative told us that when they had raised some concerns these had been dealt with appropriately and to their satisfaction. People felt they could talk freely with staff. The registered manager would record and submit any complaints or incidences to the provider's head office. This enabled them to review incidences in order to identify any adverse trends and the actions required to reduce the risk of them happening again.

Good

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. A person who used the service told us, "I love it here," and, "They look after me well." Relatives were very pleased with how the service was run and operated.

Relatives told us they were encouraged to express their views about the service and felt people were involved in directing how their care was provided and developed. A relative told us, "They can't speak but staff get to know what they want."

The service had a registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. The registered manager was also responsible for supporting some of the provider's other locations. We saw they had been able to obtain and share examples of good practice from these locations in order to ensure the service continued to develop.

The service had a clear leadership structure which staff understood. Staff told us and we saw that they had annual appraisals and regular supervisions to identify how they could best improve the care people received. Examples included introducing staff champions for specific care practices and identifying staff training needs. The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care people received. Other staff could approach key workers for guidance and advice on how to meet people's specific needs.

Staff told us the registered manager was approachable and receptive to their views. There was an "on-call" system so staff could receive leadership and guidance from the registered or deputy manager when required. We saw that on the day of our visit, this system had proved effective because it had ensured that staffing levels required to meet people's care needs were maintained when a member of staff was unable to attend their shift.

Staff were aware of the provider's philosophy and vison to provide person centred care. All the staff we spoke to were aware of the likes and dislikes of the people they supported. A member of staff told us, "That is why we are here. We have to respect their choices." Another member of staff said, "We are there to look after people. Therefore things have to be done properly."

The provider had processes for monitoring and improving the quality of the care people received. We noted that when adverse events occurred the registered manager had identified the actions to prevent a similar incident from reoccurring. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements were needed. There were systems in place to review people's care records and check they contained information necessary to meet people's current conditions. We looked at the care records for three people and saw that they had been regularly reviewed. Therefore staff had access to information which enabled them to provide a quality of care which met people's needs.