

Voyage 1 Limited Brookfields

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?

Good ●

Summary of findings

Overall summary

Our inspection was unannounced and took place on 7 December 2015.

At our last inspection in July 2013 the provider was meeting all of the regulations that we assessed. The provider is registered to accommodate and deliver nursing and personal care to six people who lived with a learning disability and/or an associated need. Six people lived at the home at the time of our inspection.

The manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Where people received support from staff with taking prescribed medicines records were up to date and accurate to confirm that they had been given to people as they had been prescribed.

Staff knew the procedures that they should follow to ensure the risk of harm and/or abuse was reduced.

Kind and caring staff in sufficient numbers were available to meet people's individual needs.

Staff received induction training and the day to day support they needed to ensure they met people's needs and kept them safe.

Staff felt that they were trained and supported to enable them to care for people in the way that they preferred.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were enabled and encouraged to make decisions about their care. If they were unable to their relatives were involved in how their care was planned and delivered.

Staff supported people with their nutrition and dietary needs to promote their good health.

All people received assessments and/or treatment when it was needed from a range of health care and social care professionals which helped to promote their health and well-being.

Systems were in place for people and their relatives to raise their concerns or complaints.

People and their relatives felt that the quality of service was good. The management of the service was stable. The registered manager and provider undertook regular audits and took action where changes or improvements were needed.

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.

Medicines were given to people as they had been prescribed by their doctor.

People and their relatives felt that there were adequate numbers of staff that could meet people's needs.

Recruitment systems helped to ensure that staff employed were suitable to work in adult social care.

Is the service effective?

Good ●

The service was effective.

All relatives felt satisfied with the service their family member received.

Relatives felt that the service was effective and met people's needs safely and in their preferred way.

Due to staffs understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS), people were supported appropriately and were not unlawfully restricted.

Is the service caring?

Good ●

The service was caring.

People and their relatives felt that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives felt that the service provided met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to use if they were to have any concerns.

Is the service well-led?

Good ●

The service was well-led.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by nursing staff.

Relatives knew who the registered manager was and felt they could approach them with any problems they had.

Staff were supported and guided by the management team.

Brookfields

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.

Our inspection was unannounced and took place on 7 December 2015. The inspection was carried out by 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 care service.

The service provided support to younger adults who may go out into community regularly. Because of this we started our inspection early in the morning so that we could meet and speak with the people who lived there and staff in case they went out later in the day.

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. The form was returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spent time with six of the people who lived at the home. We spoke with one person, three relatives, three care staff, one nurse and the registered manager. We looked at the care files for two people, medicine records for three people, recruitment records for two staff members, training and supervision records for two staff, complaints, safeguarding and quality monitoring processes.

Is the service safe?

Our findings

Relatives told us that they were not worried about how their family member was treated. They told us that they were not aware of any bad treatment or abuse. The local authority confirmed that they were not aware of any concerns. All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. All staff we spoke with told us that they would report any concerns straight away. We found that processes were in place to ensure that people's money was kept safely and the risk of financial abuse was reduced. We saw that records were maintained to confirm money deposits and money spent. We checked two people's money against the records and found that it balanced correctly.

Relatives we spoke with all told us that their family member was safe. Staff also told us that people were safe living at the home. One staff member told us about action that was taken to promote safety. They said that staff asked to look at identity badges when professionals visited to ensure they were who they said they were. They also said a senior person in charge would be called if there was any doubt before visitors would be allowed into the home. Other staff told us about the health and safety aspects that included mopping wet floors and putting out signs to alert people when the floors were wet. We witnessed this during our inspection which showed that staff knew the importance of taking action to promote people's safety.

The registered manager told us that the incidence of accidents and injuries was very low. This was confirmed by the staff we spoke with who told us that there hadn't been any falls or injuries. Relatives we asked about falls and injuries told us that they couldn't recall any. We saw that risk assessments had been undertaken regarding the use of the hoist and the moving and handling of people. We also saw certificates to confirm that staff had been provided with moving and handling training. These actions helped to prevent people being placed at risk of accidents and injuries.

The nurse on duty told us that only qualified nurses managed medicines. Records and certificates that we saw confirmed that the nursing staff had been assessed as being competent to administer medicines. We found that medicine ordering systems ensured that medicine was available to give to people as it had been prescribed.

Some people's medicine records highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were care plans in place to instruct the staff when the medicine should be given. This would give people assurance that their medicine would be given when it was needed and would not be given when it was not needed.

We found that the nurses checked the Medicine Administration Records (MAR) to confirm that they were being completed correctly. We counted two people's tablets against the number highlighted on the MAR and found that the balance was correct which confirmed that those people had been given their medicine as it had been prescribed.

Relatives we spoke with felt that the home was staffed appropriately to meet their family members needs. A

relative said, "The staff don't seem to be rushing around. They have time for each person." Staff we spoke with told us that in their view there were enough staff. However, we observed that the deployment of staff was not always as it should have been. At one time three people were alone in the lounge whilst two staff were preparing lunch. We told the registered manager about this who told us that they would address the issue. Staff told us that they covered each other during holiday time and that there were staff that could be called upon to cover staff absence.

A staff member told us that all the checks were undertaken for them before they were allowed to start work. The registered manager told us about the processes they followed when employing new staff. They told us that references were obtained and that checks were carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also saw that checks for nursing staff were undertaken with the Nursing and Midwifery Council (NMC), which confirmed that the nurses were eligible and safe to practice. This gave people and their relatives assurance that only suitable staff would be employed to work at the home.

Is the service effective?

Our findings

All of the relatives we spoke with felt that the service provided was effective. A relative said, "They [their family member] are well looked after here. They staff are marvellous to me too". A staff member said, "I think the service we provide is very good here when I compare it to other places I have worked".

A staff member told us, "I had a good induction. I looked at care plans and policies and worked with experienced staff". All staff told us that other staff and management were very supportive towards them. A staff member said, "If I had a query, all I had to do was ask and I got help and support". A staff member and the nurse on duty both confirmed that they [a new staff member] had started working towards the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

Staff we spoke with told us that they felt supported on a day to day basis. They told us that they received regular supervisions where they could discuss any issues that they may have and about their professional development.

All relatives we spoke with told us that in their views that staff were trained and able to do their jobs well. A staff member told us, "I feel competent to do my job". Another staff member said, "I have been provided with training that I need to enable me to do my job to meet people's needs. Staff we spoke with confirmed that they had received the training they needed. Records that we looked at confirmed that staff had received most of the mandatory and specialist training for their role which would ensure they could meet people's individual needs. This included epilepsy awareness training.

A relative told us that staff explained clearly to their family member what they needed to do. Staff told us that they always asked people's permission before undertaking tasks or providing support and care. A staff member said, "We ask people first". Our observations confirmed this. We heard staff explaining to people what they were going to do. We heard staff asking people, "Do you want to?", or, is it alright if I?" when they needed to undertake tasks or provide support.

Relatives spoke at length about feeling involved with their family members care due to their limited capacity. A relative told us, "I am involved and included in decision making". Staff confirmed that if people were unable to make decisions their relatives were asked to comment so that people received care in the way that they preferred.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that they had completed DoLS applications for all six of the people who lived at the home. They also told us that the local authority had looked at the applications and had decided that that no DoLS were required. We found by speaking with staff that they had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). DoLS are part of the MCA they aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw that mental capacity assessments had been carried out so that staff knew people's individual decision making strengths. All staff we spoke with knew that they should not unlawfully restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices.

All of the relatives we spoke with commented positively about the meals. A relative said, "The cooking is wonderful. I love visiting on Sundays. The smell of the roast dinner is mouth-watering. I have sampled the dinners here and they are great". We saw that food stocks were plentiful and that there was plenty of fresh fruit, vegetables and snacks available for people who wanted these. We observed that the breakfast time was flexible. Care plans highlighted people's food and drink likes and dislikes. Staff ensured that people were offered the food and drink that they preferred. At mealtimes we saw that staff showed people different food and drink so that they could choose what they wanted.

People's care plans highlighted any risks concerning eating and drinking. There were instructions for staff to follow in the care plans to ensure that people were supported effectively and safely. Staff we asked were aware of what was written in the care plan and what they needed to do to reduce any risk. One person's care plan highlighted that they were at risk of choking, needed a thickening agent in their drinks, and were to sit straight when eating. We observed that staff were available at meals times to give support and assistance and that they followed the instructions in this person's care plans. This included cutting food into small bite size pieces blended together as a thick paste and some needing to be a fork mashed consistency. We found that where needed people had been referred to the dietician and Speech And Language Therapist (SALT) for advice.

Relatives who we spoke with told us that staff called the doctor or other health care services when needed. They also told us that staff always informed them if their family member was unwell. Records that we looked at and staff we spoke with confirmed that people went for foot care appointments, to the dentist and had been referred to occupational therapy for assessment for equipment to keep them safe. Staff and records we looked at confirmed that people had been given the influenza vaccine to prevent them from contracting influenza and experiencing ill health. We saw that 'hospital passport' documents were in place. The aim of a hospital passport is to assist people to provide hospital staff with important information about them and their health so that they would know how to care for them in their preferred way.

Is the service caring?

Our findings

Relatives we spoke with described the staff as being kind. A relative said "I have never heard a raised voice" Another relative told us, "The staff are marvellous". A staff member told us, "We [the staff] are caring and all of the people here are happy".

A relative told us, "The staff are patient". Another relative spoke about the time their son was in hospital and the care that the staff gave him. They said, "They never left his side. They took it in turns to assist him [their family member] to eat. He [their family member] lost one of his toys and the staff went out of their way to get another for him". Another relative told us that when they visited they were happy to see their family member, "In their bed, smiling and laughing as a staff member was talking and playing bingo with him". We observed that staff were friendly and kind towards people kind and compassion. We saw the staff interact with people by encouraging them in a playful manner, having a laugh and a joke with them. We saw that a staff member stop and help a person get into a better sitting posture in their wheelchair to make them more comfortable.

All relatives we spoke with told us that staff treated their family member with respect. A relative said, "The staff talk to him like a human being. The staff are never patronising and they treat all the people here as adults". Relatives told us that their family members were kept clean and tidy and that incontinence issues were kept discreet. They said that staff always knocked on bedroom doors before entering. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care.

A staff member told us, "All the staff know that we should not discuss anything about the people here outside of work and that records must be locked away". We saw the provider's confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home. Staff we spoke with told us that they knew that they should not discuss people's circumstances with anyone else unless there was a need to protect their health and welfare (such as social workers or the person's GP). However, we saw that a document called a 'One page profile' was available for each person in the front entrance hall. We saw that the documents contained each person's name, date of birth and likes and dislikes which were of a personal nature. After discussing this with the registered manager they agreed that it was not appropriate for the documents to be on display and told us that they would remove them.

Most people had complex needs however, staff encouraged and enabled people to be independent. A staff member told us how independence was encouraged by supporting a person to go out and buy their choice of newspaper. They also told us that they empowered another person to hold their own cup. We heard staff encouraging people to eat independently at meal times. We saw that special bowls and cutlery were used to enable this.

Staff knew that people liked to dress in their preferred way. They told us that they helped people choose appropriate clothing by explaining what the weather was like and what activities were on offer. Staff told us

that they showed people different clothing items so that they could choose what they wanted to wear. We saw that people wore clothes that were appropriate for the weather and reflected their individual taste.

The majority of people who lived at the home were not able to communicate verbally but were able to express their opinions through emotions. A staff member explained that over the time they had supported one person they were able to interpret their sounds and behaviours. They told us that they knew the difference between a distressing high pitch sound to the squeal of laughter the person could express. Staff told us about the different ways they communicated with people. This included good eye contact, hand gestures and the use of picture boards. Our observations during our inspection demonstrated good communication between staff and the people who lived there. We observed that staff and people understood what the other was communicating. When staff spoke with people they responded appropriately to what had been said. We saw that one person smiled and nodded their head then carried out the task that the staff member had discussed with them which confirmed that they understood what the staff member had said.

Relatives all told us they could visit at any time. A relative told us, "I can visit at any time. The staff all make me feel welcome". Staff told us that they knew that people liked their families to visit and confirmed that they welcomed visitors to the home.

We saw that information was available in communal areas that gave contact details for advocacy services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

All relatives told us staff undertook assessments to identify their family members individual needs, personal preferences, and any risks. Relatives also told us that they were involved in day to day decisions about their family member's care and welfare and were also inviting to formal reviews. One relative said, "We are always kept in the loop".

A staff member said, "All staff here know the people well. We know what they like and don't like and how they like to be looked after". All relatives who we spoke with all told us that they were involved in decision making and care planning to ensure that care plans captured people's likes, dislikes, preferences and needs. Care records that we looked at contained a history of each person. Documents highlighted important things about each person including their family members, where they lived previously, what they liked and did not like. We read this information and asked staff about individual people. Staff had a good knowledge of what was written in the documents, people's likes dislikes and preferences.

People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow this. Staff we spoke with confirmed the people who wanted to follow their faith were supported to do so.

A relative told us, "They [their family member] are always going out". A person smiled and nodded when we asked them about going out into the community. Staff we spoke with told us about the trips and outings that people had been on. Photographs displayed on the walls captured trips out to the canal, local parks, shopping centres and the cinema. During our inspection a person wanted to go out and was supported by staff to do so. During the summer months a garden event, when food was offered and people had fun, was held for people and their families to join in. We found by speaking to staff and looking at photographs that seasonal events were acknowledged. These included 'Red nose day', Easter, Halloween and Christmas. During the morning we did not see any structured activities taking place. Although three people were watching a sensory light. During the afternoon we saw staff undertaking activities with people. We saw that a staff member sat with a person talking to them and they looked happy.

A relative told us "I fill in an annual questionnaire. We [the relatives] are encouraged to give feedback about the service on behalf of our family member's". Other relatives also told us that staff asked them their views on the service provided. The overall feedback was positive and confirmed that people and their relatives were satisfied with the service.

Relatives told us that they were aware of the complaints procedure. A relative told us, "If I had an issue I would speak with the manager". We saw that the complaints procedure had been produced in pictures and words to make it easier for people to understand. We found that no recent complaints had been made. However, a number of compliments had been received.

Is the service well-led?

Our findings

A relative said, "I don't have to worry about him [their family member] they are well looked after. I couldn't have a them in a better home" All other relatives who we spoke with told us that the service their family member received was good. Our conversations with relatives confirmed that the staff were well led and worked to a good standard.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by nursing staff. All relatives we spoke with knew who the manager was and felt that they could approach them. The registered manager made themselves available and was visible around the home. During the day we saw the registered manager engage and interact with people who looked happy and comfortable in their presence. Our conversations with the registered manager confirmed that they knew the people who lived there well. Staff we spoke with told us that culture of the home was fair and open. They were aware and demonstrated the provider's views of a person centred approach and thinking.

Staff told us that they felt supported by the registered manager and provider. A staff member told us, "We have meetings". Records that we looked at confirmed that the provider ensured that staff meetings were held regularly. Staff told us that the provider and registered manager were supportive towards them and that they enjoyed working at the home.

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. The PIR was completed and returned within the timescale we set and to a good standard. The registered manager was aware that they would need to notify us of incidences these included serious injuries and deaths. The registered manager and staff told us that no incidences had occurred that required a notification and we had not been made aware that this was not correct.

Staff told us and records confirmed that the people who lived at the home, their relatives, and staff were asked about any areas they thought needed to be changed. A staff member said that they knew that one person enjoyed motion. They had seen a leaflet on a wheelchair swing and knew that the person would benefit from this. They took the idea to the registered manager who, after consultation with the relatives, purchased a wheelchair swing for the garden. Both relative and staff member commented upon the success of this action. The relative told us that they had previously enjoyed taking their family member out for a walk in the wheelchair but had difficulties doing so now. They told us that the provider had acknowledged this. The provider had extended and widened the pathway to allow better wheelchair access around the garden. The relative was delighted about this. This showed that the provider and registered manager listened to what was said to them and took action to enhance the quality of life for people.

The provider had a range of monitoring systems which ensured that people received a safe, quality service. A senior manager visited the home monthly and checked the audits that the staff and the registered manager had undertaken. We saw records to confirm that audits relating medicine and the safekeeping of people's money were carried out frequently and that where it was needed corrective action had been taken to

address any issues.

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "We have whistle blowing procedures to follow if we had the need. If I saw anything I was concerned about I would report it to the manager straight away. We saw that a whistle blowing procedure was in place for staff to follow.