

Voyage 1 Limited

45 Hall Green Road

Inspection report

45 Hall Green Road

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West Midlands

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Our inspection was unannounced and took place on 7 September 2015. The inspection was carried out by one inspector. 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 were out of the home later.

The provider is registered to accommodate and deliver personal care to eight people who lived with a learning disability or associated need. Seven people lived there at the time of our inspection.

At our last inspection in April 2014 the provider was meeting all of the regulations that we assessed.

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.

Summary of findings

Where people received support from staff with taking prescribed medicines, this was not always done in a way to minimise any risk to them.

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

Staff 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 kept them safe.

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 and were involved in how their care was planned and delivered.

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

People were encouraged and were supported to engage in recreational activities that they enjoyed.

People were supported by kind and caring staff to be independent.

All people received assessment and treatment when needed from a range of health care professionals including their GP 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.

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 not consistently safe.

The medicine systems in place did not always give people assurance that they would receive their medicine as it had been prescribed by their GP.

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.

Requires improvement



Is the service effective?

The service was effective.

People were satisfied with the service they received.

People and their 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.

Good



Is the service caring?

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.

People and their relatives felt that staff were aware of people's choices and goals.

Good



Is the service responsive?

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 voice their concerns.

Good



Is the service well-led?

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 a deputy manager.

Good



Summary of findings

People and their 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.

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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.

Our inspection was unannounced and took place on 12 August 2015. The inspection was carried out by one inspector. The service provided support to younger adults who went out into the community every day. Because of this we started our inspection early morning so that we could meet and speak with the people who lived there and staff before they went out.

We 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 asked the local authority their views about the service provided. As neither person had relatives we could contact regarding their views on the service provided we tried to contact one person's named worker from their funding authority, without success. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We spent time with and spoke with all of the people who lived at the home. We spoke with three support staff, the deputy manager and the registered manager. We spoke with two relatives by telephone. We looked at the care files and medicine records for six people, recruitment, training and supervision records for three staff, the training matrix, complaints and safeguarding processes. We also looked at completed provider surveys that had been completed by relatives.

Is the service safe?

Our findings

People felt that they were protected from abuse. They told us that they had not experienced anything that worried them. A person said, “I do have outbursts sometimes but the staff are still good with me”. A relative told us, “I have not witnessed anything and they [Their family member] has not told me anything concerning. I have experience of working in care and would know straight away if things were not as they should be”. Another relative said, “They [Their family member] does not want to come home with us. They like to stay at the home. I think that shows that they feel safe and are happy there”. 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. A staff member told us, “I would report to my manager immediately”.

Eight safeguarding incidents had occurred since our last inspection. Six of these were about verbal or aggressive incidents between people who lived there, one was about a medication error and the remaining incident was about money that could not be accounted for. The registered manager had reported the incidents to us and the local authority and they had taken action to decrease any risks of harm to the people who lived there. They had referred people to external health professionals and staff were aware of potential triggers to behaviour that could cause incidents between people. Following the incident regarding the money that could not be accounted for new procedures had been implemented to prevent a similar situation occurring again. We saw that people’s money was kept safely and robust records were maintained to confirm money deposits and money spent. We checked two peoples money against the records and found that it balanced correctly.

A person told us, “I am safe here”. Staff told us that the people who lived there were safe. We saw that risk assessments had been undertaken to explore any risks and reduce them. The registered manager gave us an account of how they monitored incidents and untoward occurrences. Staff told us and records confirmed that a person had been referred to occupational therapy services for assessment and provision of walking aids to prevent them falling. Our observations showed that the person was using the walking aids to help prevent falls and injury.

A person who lived there told us that they were happy for staff to look after their medicines. They said, “The staff give me tablets when I need them”. People told us that staff gave them their medicine in the way that they preferred. By speaking with people who lived there and staff we found that people had been informed about their medicine. We found that people gave day to day consent for staff to give them their medicines.

We found that the registered manager regularly checked the medicine administration records to confirm that they had been properly maintained. We counted two peoples tablets against the number highlighted on the medicine records and found that there was a discrepancy for one as staff had not counted the number of medicines when they were received from the pharmacy. Following our inspection the registered manager sent us an action plan to confirm how they had rectified this situation. As we have not been to the service again we have not been able to test the action taken. We also found that staff had received refresher training because of the medicine errors and staff continued to administer medicine. However, the registered manager had not reassessed actual staff competency following the errors to assure them that the staff would be safe to administer medicine. Following our inspection the registered manager provided us with a date for assessing staff competency regarding medicine administration. However, this was a few weeks after the medicine errors had occurred which was not timely enough to prevent further medicine errors.

We saw that general medicines were stored safely in locked cupboards. No controlled medicines had been prescribed at the time of our inspection. However, if they were, it would not have been possible for them to be stored safely. We saw that the cupboard for storing controlled medicines (if any were prescribed in the future) was not ‘rag bolted’ to the wall as is the requirement for this type of medicine. The registered manager told us that they would rectify this.

People’s medicine records highlighted that they had been prescribed some 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 gave people assurance that their medicine would be given when it was needed and would not be given when it was not needed.

People told us that there were enough staff to meet their needs. A person said, “There are staff to help me and take me out”. A relative said, “I think there are enough staff”.

Is the service safe?

Staff we spoke with told us that in their view there were enough staff. We observed staff supporting people and saw that there were enough staff to take both people out into the community individually and during the day. 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.

Safe recruitment systems were in place. Staff confirmed that checks had been undertaken before they were allowed to start work. A staff member told us, “I was not allowed to

start work until all my checks had been done”. We checked two staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and checks 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. These systems minimised the risk of unsuitable staff being employed.

Is the service effective?

Our findings

People and their relatives felt that the service provided was effective. One person told us, “I think it is a good place”. Another person said, “I love living here, I mean it, I am not just saying it”. A relative told us, “It is brilliant there”. A provider survey recently completed by a relative read, “Excellent care gives peace of mind”. Staff felt that the service provided was effective and met peoples needs. A staff member said, “I think that people here get a good service”.

A staff member told us, “I had induction when I started. I went through policies and procedures and had an introduction to people”. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. Staff also told us and records that we looked at confirmed that staff had regular supervision sessions. These sessions concentrated on staff members work and performance and gave staff the opportunity to raise issues if they needed to.

A person told us, “The staff are able to look after them [Their family member]. A provider survey recently completed by a relative read, “Excellent, professional staff”. A staff member told us, “I feel I am able to do my job well”. Staff we spoke with confirmed that they had received the training they needed. Staff files 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 peoples individual needs.

A person told us, “I go out when I want to”. Another person said, “I can do what I want to”. 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. The registered manager had informed us prior to our inspection that the local authority had approved DoLS applications for four people who lived there. We saw that a mental capacity assessment had been carried out for each person to highlight to staff peoples 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. Our observations showed that where people needed constant supervision to keep them safe

staff did this in an indirect way. One person walked into the garden and we saw that staff observed them at a distance rather than follow them. This allowed the person freedom to walk in the garden but still have the supervision they required.

People told us that staff always asked their permission before undertaking tasks or providing support and care. A person told us, “The staff always ask me before doing anything”. Staff we spoke with understood the importance of asking people’s permission before they provided support. A staff member said, “We always ask people if they would mind us doing something for them and if it is alright”. Our observations confirmed this. We heard staff explaining to people what they were going to do or talk to them about going out. We saw that the people co-operated willingly and happily for staff to undertake tasks or take them out.

A person told us, “The food is great we can have what we want”. Staff ensured that people were offered the food and drink that they preferred. People and staff told us that menus were chosen by the people who lived there. We saw that food stocks were plentiful and that there was plenty of fresh fruit and vegetables and snacks available for people who wanted these. We observed that breakfast was flexible. One person wanted a lie in and had their breakfast late morning. We observed that staff were available at meals times to give support and assistance.

We looked at people’s care plans and saw that their food and drink likes, dislikes and risks had been recorded. There were instructions for staff to follow in the care plans to ensure that people were supported effectively. Staff we asked were aware of what was written in the care plan and what they needed to do to reduce any risk. We found that people had been referred to the dietician for advice regarding healthy eating. One person had lost some weight and was very pleased. They said, “I am happy that I have lost some weight”.

A person said, “I am going to the doctor today for a blood test”. A relative said, “I am amazed they [Their family member] had their eyes tested, has seen the doctor have had their feet done. They refused those things for years before living there”. Staff supported people to access health and social care appointments. Records we looked at confirmed that where staff had a concern they referred

Is the service effective?

these to the person's doctor. 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 walking aids.

Is the service caring?

Our findings

People and their relatives described the staff as being, “Caring”, “Kind” and “Helpful”. A person told us, “The staff are all very good and kind”. Another person said, “The staff are nice and kind”. A relative told us, “All of the staff are helpful and friendly”. A staff member told us, “All of the staff here are caring. I do not think we would do this sort of work if we were not”. We observed that staff were friendly towards people. We heard staff asking people how they were and showing an interest in what they were doing that day, their families and their interests. We heard staff speaking with people about a recent football match that people had watched and staff knew they enjoyed.

People we spoke with told us that contact with their family was important to them. A person said, “I like to see my family. They come and see me and I phone them”. A relative told us, “I can visit at any time. The staff all make me feel welcome”.

People told us that they could spend time alone in their bedrooms reading or watching the television to have some private space when they wanted to. A person said, “Sometimes I like to stay in my room and I do”. We saw that people had a key to lock their bedroom door. A person told us, “It is good to have the key. I like to lock the door that is my own room and no one can go in if I do not say so”. People told us that staff were always polite and knocked their doors before entering their room. 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, to other people who live here, or to other relatives”. 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).

Staff encouraged and enabled people to be independent. A person said, “I like to do things for myself. I do cleaning,

cooking and my laundry”. We saw them polishing the dining tables. They said, “I enjoy doing this”. Another person told us how they had developed their independence skills and could, for the first time, go to the local shops on their own. They said, “It is really good that I can go on my own”. Records that we looked at confirmed that people were encouraged to undertake a range of daily living tasks which was confirmed by staff we spoke with. Staff we spoke with all told us that they only supported people to do things that they could not do. A staff member said, “All people here have developed so much over the last year with their independence skills. Hopefully, people may develop so much that they may be able to live independently in the future”.

People told us that they selected their own clothes to wear each day. A person said, “I get out the clothes I want to wear. I always go and buy my own clothes as well”. Another person said, “I always pick my clothes”. Staff knew that people liked to dress in their preferred way. A staff member told us, “Everyone here wears what they want to each day and we support them to go shopping when they need new clothes”. We saw that people wore clothes that were appropriate for the weather and reflected their individual taste.

People confirmed that staff communicated with them in a way that they understood. A person said, “I understand the staff and they understand me”. Care plans that we looked at highlighted how people communicated best. 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.

We saw information displayed giving contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us and records confirmed that one person had the input of an advocate at the time of our inspection.

Is the service responsive?

Our findings

A relative told us, “The staff asked me lots of questions before they [Their family member] were offered a place there”. The registered manager told us and records that we looked at confirmed that prior to people living there an assessment of need was carried out. This involved the person and/or their relative or social services staff to identify their individual needs, personal preferences and any risks. Staff told us that following the assessment of need each person, where possible, would be offered the opportunity to visit the home and spend time there for a meal and overnight stay. This would allow the person to decide if the home would be suitable for them.

A person said, “I know what is in my care plan”. Some people who lived there were aware that care plans were in place and they told us that they had been involved in the production of their care plans. People and their relatives told us that they were involved in meetings and reviews to make sure that they could say how they wanted to be supported. A relative told us, “They [The staff involve me in everything, care plans, reviews and keep me involved. The staff ask their [Their family member] consent before I attend meetings”. The care plans that we looked at captured peoples needs and preferences to ensure that they were looked after in the way that they wanted to be. A person said, “I very happy here”.

A person said, “I know the staff know what I like and don’t like”. 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. A staff member said, “The staff here all know the people who live here well”. A relative said, “They know their [Their family member] very well and look after them very well”.

People could be supported to attend religious services if they wanted to. A person said, “I go to church every week. I really enjoy it”. 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 person said, “There is lots to do here”. We observed a board game activity taking place that people enjoyed. We saw that they were concentrating on the task, speaking with staff and other people who lived there. A person said, “I like watching football on the television”. Another person said, “I like singing and word searches and I do those things”. During our inspection an external provider came and did a movement and music session. We saw that people joined in did the exercises and had fun. They were smiling and laughing. People and staff all confirmed that this provider came to the home regularly and how much the sessions were enjoyed. It was a warm sunny day and we saw that a number of people went into the garden. They looked happy and calm whilst in the garden. All people accessed the community on a regular basis to shop or eat out either with staff or their families. A person went out for a walk into the community with staff during our inspection. Another person went into the community to have their hair cut.

People told us that staff asked them their views on the service provided. A person said, “I fill in a form” [Survey form]. We saw recently completed provider surveys on care files and recently completed surveys that relatives had completed. The overall feedback was positive and confirmed that people and their relatives were satisfied with the service.

People told us that they were aware of the complaints procedure. One person said, “I know how to complain. I would tell staff if I had a complaint”. A relative told us, “If I had a complaint I would speak with the manager or someone in Voyage (Voyage is the provider). I know it would be dealt with”. We saw the complaints procedure had been produced in words and pictures to make it easier for people to understand. We looked at complaints that had been recorded. We saw that the complaints had been logged, that the complainants had been responded to in a timely manner and that action had been taken to resolve the issue.

Is the service well-led?

Our findings

A person told us, “I am not just saying it, I think it is very good here. I am very happy”. Another person said, “It is good here”. A relative told us, “Absolutely first class. It is a well-run service”. Staff we spoke with were positive about the service and told us that in their view it was well led.

A person told us, “I know the manager” and told us the manager’s name. People and their relatives knew who the registered manager was and felt they could approach them with any problems they had. A person said, “The manager is great. He lets me go in the office and talk with him. He always has time for me”. The registered manager made themselves available and was visible within the service. During the day we saw the registered manager engage and interact with people. Our conversations with the registered manager confirmed that they knew the people who lived there well. The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager.

A person said, “We [The people who lived there] have meetings. The staff ask if we want different things and where we want to go. Staff we spoke with and records that we looked at confirmed that the provider ensured that meetings were held regularly. Staff told us and records confirmed that people had asked for the meals to be changed and as a result, with the involvement of people, new menus had been produced.

The provider had a range of monitoring systems which ensured that people received a safe, quality service. We

saw records to confirm that those relating medicine and the safekeeping of people’s money were carried out frequently. Staff told us and records confirmed that managers regularly undertook checks on their work. We saw from staff meeting minutes that where shortfalls were identified this was discussed with staff to ensure that action was taken to address any issues.

A person said, “The staff are very good and do their jobs properly”. Our conversations with people who lived there and their relatives confirmed that the staff were well led and worked to a good standard. Staff told us that they felt supported by the registered manager and provider. A staff member said, “We have meetings regularly where we are given information and can raise any issues”. Records that we looked at confirmed that staff meetings were held regularly. A staff member said, “The meetings are informative and the manager listens to what we say”. A staff member had suggested that an additional television be purchased to prevent friction between people if they wanted to watch a different programme. The staff member and registered manager confirmed that a new television had been ordered.

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. If I was not happy with what was done I would go to social services”. We saw that a whistle blowing procedure was in place for staff to follow.