

Voyage 1 Limited

804 Walsall Road

Inspection report

Great Barr
Birmingham
West Midlands
B42 1EU

Tel: 01213580412
Website: www.voyagecare.com

Date of inspection visit:
13 June 2017

Date of publication:
04 July 2017

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

804 Walsall Road is a care home without nursing for up to three people, all of whom have learning disabilities and some of whom have additional physical disabilities. At the time of our inspection the service was supporting three people.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People told us that the home was safe. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. Risks to people were reassessed when their conditions changed. There were enough staff to meet people's care and support needs promptly. People received their medicines safely and when they needed them.

People were supported by staff who had the skills and knowledge to meet their needs. People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Menus reflected people's preferences and nutritional needs. When necessary people were helped to eat by staff. People had 'Hospital passports' which were care files that contained a summary of their current conditions, care needs and medication. People in the home were supported to make use of the services of a variety of mental and physical health professionals.

People told us that the registered manager and staff were caring. People were supported by regular staff who spoke fondly about the people they supported. People had key workers who understood people's preferred communication styles and assisted them when necessary to express their views. Staff respected people's privacy and care plans promoted people's independence.

Staff supported people to engage in activities they enjoyed. People's care and support was planned in partnership with them so the plan reflected their views and wishes. People told us that the registered manager and staff were approachable and would take action if they were not happy or had a complaint.

Relatives told us that the home was well run. The registered manager was aware of their responsibilities to the commission and they were knowledgeable of the type of events they were required to notify us of. Staff told us that the registered manager was supportive and led the staff team well. The registered manager and provider made checks that the standard of care was maintained and in some instances these checks had led to further improvements.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

804 Walsall Road

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 checked 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 comprehensive inspection took place on 13 June 2017 and was unannounced. The inspection team consisted of one inspector.

As part of planning the inspection we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details 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 used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with one person who lived in the home. Some people living at the home were unable to speak with us due to their health conditions. We used our Short Observational Framework for Inspection (SOFI) and spent time in communal areas observing how care was delivered. Using this tool helped us to understand the experience of people who could not talk with us.

We also spoke the registered manager, the operations manager and three members of the staff team. We sampled the records including two people's care plans, complaints, medication and quality monitoring. We spoke by telephone with the relatives of two people who used the service.

On the day of the inspection the provider's computerised records were unavailable so we reviewed additional information the provider sent us after the inspection including staff training and Deprivation of Liberties (DoLS) records.

Is the service safe?

Our findings

People were kept safe from the risk of harm. People looked relaxed in the company of staff and happy to approach them when they required support or reassurance. Staff were quick to respond when people put themselves or others at danger of harm. A relative told us, "People, are safe. You can't fault the care at all."

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff discussed the actions they would take if they suspected that someone was being abused or at risk of harm. This included notifying the registered manager and the local authority. One member of staff told us, "We often get safeguarding training. We have to do it every year."

The registered manager had assessed and recorded the risks associated with people's medical conditions and the action staff were to take in order to minimise the possibility of harm. The registered manager was in the process of reassessing a person's nutritional support plan in order to reduce the risk of the person choking. Risk assessments had been completed of people's living environments and locations people visited outside the home. Staff told us how they supported people in line with these assessments so people remained safe in the community. Each person had a personalised emergency evacuation plan so staff could evacuate people as safely as possible in the event of an emergency. People had 'Hospital passports' which were care files that contained a summary of their current conditions, care needs and medication. This meant that any risks associated with people's conditions could be shared with other health professionals.

There were enough staff on each shift. Staff responded promptly to meet care needs and intervene when people were at risk of harm. The number of staff on duty had increased when a person's condition changed and they required additional support. People were supported by the number of staff identified as necessary in their care plans to keep them safe when they received personal care or visited the community. Staff told us and records confirmed that when staff were absent their planned work was covered by colleagues working additional hours or regular bank staff. This ensured that people were consistently cared for by staff who knew them and their needs. Robust recruitment checks had been completed by the provider's human resources department to ensure people were supported by suitable staff.

People received their medicines safely and when they needed them. People's medicines were kept in a suitably safe location in their bedrooms. The medicines were administered by staff who were trained to do so and who undertook regular training so they remained competent to administer medicines safely. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions to help staff decide when they should be administered. Staff had signed to indicate that they had read these. We sampled the Medication Administration Records (MARs) for one person and found that they had been completed correctly. There were regular audits of the medication.

Is the service effective?

Our findings

Relatives we spoke with told us that the staff were good at meeting people's needs. One person's relative said, "I am really pleased [Person's name] is here." Another person's relative told us, "Staff are wonderful."

People were supported by staff who had the skills and knowledge to meet their needs. A person's relative told us, "[The permanent staff] show the bank staff what to do." They said bank staff were knowledgeable about how to meet people's specific needs. Staff told us that all staff had received induction training when they first started to work in the home and would shadow experience members of staff. Staff then received regular updates in relation to basic skills and received additional training when necessary to meet people's particular medical conditions. A member of staff told us, "We have some dementia, epilepsy and autism training coming up so we can still look after, [Person's name]. Although staff told us that formal supervisions had not occurred recently due to a change in the registered manager they confirmed that they received informal supervision from the registered manager and senior staff on a regular basis to reflect on their practice. The registered manager showed us that a formal supervision programme was restarting soon.

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. Staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions. One member of staff told us, "[Person's name] has her own mind. If she doesn't want something, you can't make her." The registered manager told us and records confirmed that when people were felt to lack mental capacity they had held meetings with appropriate others to identify care which would be in the person's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were aware of authorisations to restrict people's freedom and after the inspection the registered manager sent us details of the processes in place to ensure the correct authorisations would be obtained and reviewed when necessary.

People enjoyed their meals. Staff told us what people enjoyed eating and held regular meetings with people to identify what meals they would like each week. A member of staff told us, "[Person's name] favourite breakfast at the moment is eggs and cheese." When necessary the people who required assistance to eat were helped by staff and there was a variety of equipment to support people to eat independently. Staff sought and taken the advice of relevant health professionals in relation to people's diets. They were aware of risks related to eating and drinking and described how people needed their foods and drinks prepared to reduce the risk of choking.

People in the home were supported to make use of the services of a variety of mental and physical health

professionals including GPs and dieticians. A relative told us, "If there is a problem they will get the GP in. There is a psychologist who visits regularly." Records showed that other health professionals were approached promptly when people's conditions changed. During our visit a member of staff spoke with a GP to discuss a person's condition and how they were to be supported.

Is the service caring?

Our findings

People's relatives told us that the registered manager and staff were caring. One relative told us, "Staff are lovely." Another person's relative told us that when a person was admitted to hospital, "Staff never left her side. They stayed with her." We observed that people and staff were relaxed in each other's company and staff constantly enquired about people's welfare.

People were supported by regular staff which had enabled them to build up positive relationships. Staff spoke fondly about the people they supported. They spoke passionately of their concerns for the people who lived at the home when there was a threat it may have been closed. One member of staff told us, "We were all offered other jobs but it was what would happen to the people here that I was worried about." Another member of staff told us, "I was worried where would they go? Would the new place know how to look after them properly?" Staff also spoke caringly of people's relatives and how they were concerned that they were also upset by the suggested closure of the service. We observed staff were prompt to offer encouragement and reassurance to people when approached or if they became anxious.

Staff took pleasure in supporting people to do the things they liked. Two members of staff told us they enjoyed spending time with people who used the service. A member of staff told us they were looking forward to supporting a person to meet a relative and have lunch. Another member of staff told us how they enjoyed supporting another person with their clothes shopping. People received care from staff who understood their likes and needs.

People were supported to express their views and involved in making decisions about how their care was provided. When necessary people were supported by relatives to express their views. Comments from people's relatives included, "They keep you up to date;" and, "They tell us everything." We saw staff regularly ask people how they wanted supporting and respected their wishes. Records showed that people were regularly approached to review their care and identify if they would like to make any changes.

Staff respected people's privacy and took care to ask permission before supporting people with personal care. Staff took action when necessary to adjust people's clothing when necessary to maintain their dignity. Care plans promoted people's independence, and included instructions to staff to support people with household chores if they wanted. We observed one person being supported to make their lunch.

Relatives told us they were encouraged to call and visit the service so people stayed in contact with those they were close to. One person's relative told us that staff would be supporting a person to visit them for lunch later that day.

Is the service responsive?

Our findings

Staff told us about the activities people enjoyed and we saw that staff supported people to choose what they did each day.

During our visit one person was supported to meet a relative for lunch and another person to go shopping. Staff told us and records confirmed that both people enjoyed these activities. People were regularly approached by staff to check if they were happy and if there was anything they required or would like to do.

The staff knew how people wanted supporting while in the home. This including providing drinks of their choosing and engaging in their preferred activities. We saw that activities were varied and individualised to each person. People appeared content and engrossed in their chosen activities.

Staff knew the relationships which were important to people who used the service. Relatives told us and records confirmed that they were encouraged to visit the home. This had enabled people to stay in touch with relatives and friends. Records contained details for staff of how people liked to dress and how they wanted to be referred to. People appeared well dressed and we saw staff refer to people by their preferred names.

People's care and support was planned in partnership with them. We saw that people and those who supported them had regular reviews of their care to ensure records reflected people's latest needs and wishes. There was guidance for staff about people's preferred communication styles so they could understand and respond effectively to people's views and wishes. We saw staff use a variety of senses such as touch and smell to assist people to comment on how they wanted to be supported. People were supported in line with their expressed wishes and preferences.

Relatives told us that the registered manager and staff were approachable and they felt confident they could tell them if they were not happy or had a complaint. One person's relative told us, "There's no problem, we can raise concerns. They usually sort things out straight away." We reviewed a recent complaint about the state of the garden saw that the registered manager was taking action to address the concern. The registered manager maintained a log of concerns in order to identify any trends and prevent similar incidences from reoccurring.

Is the service well-led?

Our findings

All the people we spoke with told us that they felt that the home was well run. A relative told us, "The leadership is okay. I will see the supervisor most times I visit;" and, "I tell the staff something and they pass it on. Things get sorted." One member of staff said, "It is fine here. We've all been here a long time." Another member of staff said, "It is settling down now [After the proposed closure]. Things are back on track."

At the time of the visit the service had a registered manager. 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. The registered manager was aware of their responsibilities to the commission and they were knowledgeable of the type of events they were required to notify us of. Their latest inspection ratings were displayed appropriately and the registered manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour.

Members of staff told us that the registered manager was supportive and led the staff team well. One member of staff told us, "They are new but they are approachable." Another member of staff told us, "Both [The registered manager] and [Operations director] are approachable." Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager.

There were systems in place to ensure people were involved in commenting on their care plans. These included regular meetings to obtain people's views about the quality of the service they received. Responses to these were generally positive and we saw that people's views and wishes were acted on. Additional systems were in place when necessary to help people express their views. Where there were instructions for staff or when people's care plans had changed, staff had signed to indicate that they had read and understood them. People had the opportunity to influence and develop the service they received.

The records at the home which we sampled showed that the registered manager made checks to review the quality of care people received. During our inspection the provider's Operations Manager attended to conduct a planned quality audit of the service. When necessary they identified actions the required to improve the service.

The registered manager maintained a plan of improvement actions so they could review their effectiveness and amend if required. This promoted a culture of continual improvements. The registered manager gave us examples of how they had applied learning from another of the provider's locations they managed to improve the service. Records showed that there were systems to make sure that relevant checks had been made on services and equipment in the home to ensure they were effective at meeting people's specific care needs.