

Voyage 1 Limited

45 Hall Green Road

Inspection report

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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 ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 6 February 2017. The inspection was carried out by one inspector.

The provider is registered to accommodate and deliver personal care to eight people who experienced a learning disability or associated need. Seven people lived there 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.

At our last inspection in September 2016 although there was not sufficient evidence to warrant a breach of regulation we found that the 'safe' domain required improvement. This was because where people had received support from staff with taking prescribed medicines this had not always been done in a safe way.

At this, our most recent inspection we found some improvement but identified that the issue of the security of one medicine cupboard remained and the requirement to date label 'short life' medicines had not always been complied with. We found that where health conditions had been declared by staff these had not always been explored further or risk assessed to ensure potential staffs fitness. Staff knew the procedures they should follow to ensure the risk of harm and/or abuse to people 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 and kept them safe.

Staff felt supported on a day to day basis and had received the training they required. Staff knew of the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This should ensure that people received care in line with their best interests and would not be unlawfully restricted. Staff supported and enabled people to have the food and drink that they liked. People had access to a range of healthcare professionals to meet their healthcare needs.

People were enabled and encouraged to make decisions about their care and were involved in how their care was planned and delivered. The provider ensured a happy, friendly atmosphere. Staff were caring and helpful towards people. Staff promoted people's privacy, dignity and independence. Staff encouraged and enabled people to have contact with their family.

People's care and support requirements had been assessed and reviewed to ensure that their needs could be met. People were encouraged and supported to participate in in-house and community based activities that they enjoyed. A complaints procedure was available for people and their relatives to use if they had the need. Complaints were documented and dealt with in a thorough way.

People, their relatives and staff told us that the service was good and well organised. There was a management structure that relatives and staff understood. The registered manager and provider carried out monitoring and audits of the service and took action where changes 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?

Requires Improvement 

The service was not consistently safe.

Medicine systems required some attention to ensure full safety.

There were an adequate number of staff who had the knowledge they needed to meet people's needs.

Recruitment processes although mostly thorough, lacked an assessment of health declarations to ensure that staff who were to be employed were fit to undertake their role.

Is the service effective?

Good 

The service was effective.

People and their relatives were happy with the service provided.

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

Staff ensured that 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 caring and considerate.

People's dignity, privacy and independence were promoted.

People and their relatives felt that staff knew people well.

Is the service responsive?

Good 

The service was responsive.

People [and their relatives] were involved in reviews of their needs to ensure that the support delivered was personalised and appropriate.

People were supported to follow their chosen faith and to engage in the activities that they enjoyed.

Complaints systems were available for people and relatives to access if they had a need to.

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 an operations manager and senior care staff.

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

The registered manager had notified us of issues and displayed their last inspection rating as is required by law.

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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 6 February 2017 and was carried out by one inspector.

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. 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 four people who lived at the home. We spoke with four care staff, the registered manager and three relatives. We looked at the care files and medicine records for two people, recruitment, training and supervision records for three staff, the training matrix, complaints and safeguarding processes. We also looked at completed provider feedback forms that had been completed by relatives and visiting health and social care professionals.

Is the service safe?

Our findings

At our previous inspection of September 2016 we found that where people had received support from staff with taking prescribed medicines this had not always been done in a safe way. There was a discrepancy for one person's medicine as staff had not counted the number of tablets when they had been received from the pharmacy. This inspection we found that this issue had been addressed. The number of tablets we counted were correct against the records that had been completed. At our previous inspection we also found that the cupboard for storing controlled medicines [if any were prescribed in the future] was not secured correctly to the wall as is the requirement for this type of medicine. The registered manager told us that they would rectify this. However, this inspection we saw that screws were in the cupboard to complete the task but the cupboard was not bolted to the wall. The registered manager told us that the cupboard had been bolted to the wall but had recently been moved and it was an oversight not to have re-secured it. They told us that they would attend to this issue.

We found that one short life medicine [eye drops] had not been date labelled when first opened. The instructions on the label read that after 28 days the eye drops should not be used. Without date labelling the eye drops staff would not be sure when the 28 days had past. This meant that there was a risk that the eye drops may not work as well as they should to manage the person's condition. The registered manager told us that staff usually ensured that medicines were date labelled and would ensure that this was addressed.

A person held up their thumb, nodded and smiled that confirmed that they approved the staff to look after their medicines. Another person said, "I have my tablets at the right time". Records highlighted that people gave consent for staff to give them their medicines.

We saw documentary evidence to confirm that a record was made of all medicines received and any not required had been returned to the pharmacy. We found that medicines and records were checked daily and this process generally worked. During a checking process a staff member had identified a medicine error and had reported this immediately to the registered manager. The registered manager had taken appropriate action and re-training for the staff concerned had been arranged.

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.

A staff member told us, "All checks were carried out before I worked here". Other staff also told us that checks had been undertaken before they were allowed to start work. 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. However, we found that where health conditions had been declared these had not always been explored further or risk

assessed. This meant that the provider had not fully assessed potential staff capability to ensure that they would be able to properly perform all of the tasks required of their role.

A relative shared, "Absolutely not, no bad treatment. The staff are calm". Another relative told us, "When they [person's name] come out with us they are always happy to return to the home. That speaks for itself". A person said, "No shouting or roughing me". A staff member told us, "If there was abuse or concerns I would tell the manager". Other staff we spoke with confirmed 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. We had been notified of two incidents of abuse. One of which a person had reported to staff. The staff acted correctly they had listened to the person, taken the concern seriously and reported the concern to the registered manager. The situation was dealt with appropriately. The registered manager reported the concern to the police and the local authority safeguarding team. As with our previous inspection we found that people's money was kept safely and records were available to evidence money deposits and money spent. We checked two people's money against their records and found that it balanced correctly. These actions demonstrated that processes to prevent abuse had been followed by staff.

A person shared, "I feel safe". A relative told us, "They [person's name] are definitely safe. I do not have any worries". A staff member said, "People here are safe. We [the staff] know who is at risks of seizures or falls and we observe". We saw assessments were carried out to identify risks and reduce them. The registered manager told us that they monitored incidents and untoward occurrences for patterns and trends and showed us records to confirm this. Staff told us and records highlighted that where people had risks associated with falls or choking a referral was made to occupational therapy and speech and language services for assessment and advice.

A person shared, "I think there are enough staff". A relative said, "I don't know of anything to make me think that there are not adequate staff". Staff we spoke with told us that they felt that there were enough staff. The registered manager confirmed that staffing levels were based on an assessment of each person's needs. We observed that there were enough staff to take both people out into the community during the day and sufficient remained to support people at home. 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. This was confirmed by the registered manager.

Is the service effective?

Our findings

A person shared, "I love it here". Another person told us, "It is good here". A relative said, "It is an excellent place. They [the staff] look after him well". A second relative said, Their [person's name] needs are met". A staff member told us, "I think the service meets all people's needs to a good standard". Other staff we spoke with echoed this view.

A staff member shared, "I had good induction training. I was not just expected to work on my own straight away. I had time to look at people's care plans. I worked with each person with an experienced staff member. I also did a lot of training. I gained from this". The registered manager confirmed the induction training new staff received. This could include working through the Care Certificate standards. The Care Certificate consists of nationally recognised standards that new staff should work with to ensure that they have the knowledge to provide safe and appropriate care.

A staff member told us, "I think we [the staff] are well supported on-going". Another staff member said, "I have regular supervision to talk about my work". Records that we looked at confirmed this. We also found that staff had an annual appraisal where their performance and training was discussed. For new staff, the registered manager told us and records confirmed that probationary meetings were held to see how the staff were managing in their roles. The registered manager told us about some disciplinary actions that they had taken when staff were not working as they should. There was evidence that staff were informed about how they must improve and support and refresher training had been secured when this had been felt necessary.

A person shared with us, "The look after me well". A relative said, "The staff are good and know what they should do". A staff member said, "I have done all the training I need. All of us [the staff] have". The registered manager showed us records to confirm staff training completed. This included mandatory that included moving and handling and medicine safety training and specialist training to include diversion techniques if a person became agitated. This highlighted that staff had been given the knowledge they required to meet people's needs and to keep them safe.

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 decision 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).

A person shared "I go out and can do things here". Another person told us, "I pop out when I want to". A relative said, "They [person's name] are not kept in. They go out a lot". Staff we spoke with knew about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). Staff we spoke with confirmed that they did not unlawfully restrict people's freedom of movement in any way. We saw that

people were offered choices of what they wanted to do, where they wanted to spend their time and if they wanted to go out. Where people had been assessed as needing some restriction to protect them from harm and injury the registered manager had acted correctly and made applications to the local authority.

A person shared, "I do things for myself. They [the staff] ask if they need to go in my room and things like that". A staff member told us, "Everyone here [people] can understand. We ask them if we need to give support". Our observations confirmed this. We heard staff ask a person if they could support them to go to the table. The person agreed. We heard staff explaining to a person about going out. The person smiled and nodded.

A person said, "I like the food. I do the menu". Another person told us, "The food is nice I choose my food". As with our previous inspection we found that people were provided with the food and drink that they preferred. People and staff told us that menus were chosen by the people who lived there. Care plans that we looked at highlighted people's food and drink likes, dislikes and risks. There were instructions for staff to follow in the care plans to ensure that people were supported effectively. Staff told us that they knew of the instructions and followed these. We found that where a risk had been identified, with either weight loss or being overweight, people had been referred to the dietician for advice regarding healthy eating.

A person shared, "I have been to the doctor's today they [staff member's name] took me". Another person told us, "I see the doctor and dentist and have my eyes tested. A relative said, "The staff arrange and take them [person's name] to all the health appointments they need. Then I am told what was said". Records we saw at highlighted that where staff were worried about a person's health they accessed appropriate health care professionals for assessment and where it was needed treatment. We saw that a summary of people's important information including their next of kin, health needs and medicines were available to go with people if they needed to go to hospital. This ensured that hospital staff would have the information to care for and support the person.

Is the service caring?

Our findings

A person told us that the staff were, "Kind and friendly". Another person said, "The staff are good. They help me". A relative said, "The staff are considerate and caring". Another relative shared, "The staff genuinely care. They are very caring and helpful. They go above and beyond what they need to". A staff member said, "We [the staff] work in a caring way. The people here are like our family". We saw that the staff were kind and caring. One person was anxious and we saw a staff member sit with them and speak with them calmly and kindly. We heard staff explaining things to people in a warm considerate way, touching people's arms for comfort and smiling at them.

A person said, "It is happy here". A relative shared, "There is a caring, friendly atmosphere". Compliments made by external social care professionals read, "It is a lovely home with a good feel to it", "There is a soothing atmosphere", "Very friendly place" and, "Homely place. We found that the atmosphere was friendly staff were smiling as were the people who lived there. We saw that people had friendships with each other and chatted and smiled.

A person said, "They [the staff] know what I like. They know I like the football and to put a bet on". A relative shared, "The staff know them [person's name] very well. What they like and do not like". We heard staff showing an interest in people asking them about their families and talking with them about their favourite television programmes. As with our previous inspection we heard a staff member speaking with a person about a recent football match.

A person shared with us, "I like to stop in my room sometimes and have some quiet. I lock my door. I have a key". A staff member told us, "When supporting with personal care I make sure that people do what they can for themselves. They are lads here. They don't want us [the staff] watching them when they are showering if they can do it independently". Other staff gave us a good account of how they promoted people's privacy, dignity and independence. We saw that some people spent time in their bedrooms.

A person said, "I do everything for myself. I put my washing in and clean my room". A relative told us, "I think the staff try to get people to do what they can. They [person's name] have done more there than they had done for a long time". A staff member said, "I try and encourage people to do what they can. It makes them feel better to be independent". We saw people going into the kitchen to make a drink and snacks independently.

A person said, "The staff do not help dress me. I do that and always pick what to wear". Another person told us, "I always wear the clothes I like". A staff member said, "We [the staff] help people who are unable to, choose what they want to wear. We show people different items so that they could choose". A relative told us, "They [person's name] wear the clothes they like". Another staff member told us, "When people need to buy new clothes we [the staff] support them to do that". We saw that people wore clothes that reflected their individuality that included shirts that detailed their favourite football team. A number of people went out and we saw that they wore coats to keep them warm. We saw that people's hair looked tidy. A staff member told us that people used local barbers to have their hair cut. This showed that staff supported

people to maintain their personal appearance and exercise choice.

A relative told us, "They [the staff] communicate with them [person's name] well". A person said, "I speak with staff and understand". We saw that staff sat by people, spoke with them clearly and repeated what they had said if they felt that they had not been understood. Care plans that we saw detailed how people communicated. This included the use of colours to describe something. Staff explained how different people communicated most effectively. We saw that people replied verbally or acted appropriately to what staff had said. For example a staff member asked a person if they would like a cup of tea. The person said "Yes". Another staff member asked a person if they would like to watch the television. The person listened and then told the staff member what they wanted to watch.

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 shared, "I can visit when I want to". Another relative said, "There are no visiting restrictions. I am always made to feel welcome". The registered manager told us that they and the staff ensured that people maintained contact often with their families. They told us where required the staff took people to their family home and picked them up later. This showed that the provider took actions to ensure that people and their family had regular contact.

As with our previous inspection 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 different people had received advocacy input previously and that one person was using an advocate at the present time.

Is the service responsive?

Our findings

A person said, "Staff asked me things and wrote notes". A relative shared, "I know that an assessment was carried out to make sure that he [person's name] could be looked after". Records that we saw confirmed that an assessment of need was undertaken to determine people's needs, likes, dislikes and risks. The registered manager told us that people would be invited to a meal or spend part of a day at the home before they moved in. These actions were taken to find out if the service could meet people's needs.

A person told us, "I do my papers [care plan]. I write my name on them". Another person shared, "The staff know me". A relative told us, "Absolutely I have always been involved in assessments and care plans. I am happy with them. The staff know him [person's name] well". Other relatives told us they were included in meetings and reviews about their family member to ensure that the service provided was appropriate. A staff member told us, "Everything we [the staff] need to know about each person is in the care plans. They are correct and we follow them". As with our previous inspection people's records and care plans that we looked at contained personal information about each person that included, their doctor, any allergies they had or had not and their individual condition and circumstances. Care plans highlighted special things important to people including their likes and dislikes. Staff we spoke with knew about people's needs, risks, likes and dislikes. The collection and availability of this information had enabled staff to provide personalised support to people.

A person shared, "The staff go to church with me". The registered manager told us that people were supported to follow their preferred faith and were enabled to attend church or the temple and staff confirmed this. One person said, "I go out a lot. I like that". Another person shared, "I like going out but also doing my own thing here". A relative told us, "They person's name do a lot of things and went on holiday last year. It is really good". Other people told us that they accessed community facilities regularly. A staff member said, "The people here do a lot of things. Bowling, swimming, they go to the cinema and out for meals. People also are supported to go on holiday which is very good". We saw that people enjoyed in-house activities that included jigsaws and listening to music. The registered manager told us some community initiatives that people had been involved in. These included collecting food and giving it to a local food bank and unwanted coats to be sent to various charities. We saw that a local newspaper had highlighted this good work that the people who lived at the home had undertaken. A person held their thumb up, nodded and smiled to show how much they had enjoyed being part of these initiatives.

A person shared, "I write on the paper" [a provider feedback form]. A relative told us, "I am asked to fill in a questionnaire [provider feedback form]. It is good. However, if I want to raise anything I do at any time and things are addressed". We saw recently completed provider surveys on care files and recently completed surveys that people, relatives and external professionals had completed. All of the feedback confirmed that people and their relatives felt that the service delivered was good.

A person shared, "If I am unhappy I would tell the staff". Another person said, "I know what to do if I was not happy". A relative said, "I know what to do if I had a complaint but I have never had to raise any issues". We saw that an easy read complaints procedure was available. We saw that a recent complaint had been dealt

with in a thorough way. An advocate had been secured and meetings had been held with the person, the person's family, the registered manager and the operations manager. The outcome of the complaint had been made in writing to the family.

Is the service well-led?

Our findings

A person shared, "I think that this is a good place". A relative said, "It is a good well organised service". Staff we spoke with, some of whom had worked in other homes so had a comparison, all told us that the service provided to people was well-led.

The provider had a leadership structure that staff understood. There was a registered manager in post as is required by law. They were supported by their operations manager and senior care staff. A person said, "The manager is called [registered manager's name]. He is good. I can speak to him". Another person told us, "The manager lets me see him". A relative shared, "I know the manager and feel confident to approach them". As with our previous inspection other relatives we spoke with also knew who the registered manager was. We saw the registered manager interacting with people within the home. We saw that people were relaxed in the company of the registered manager. We saw that people spent time with the registered manager in their office. We spoke with the registered manager about the people who lived at the home. They gave details about people that reflected records that we looked at. This highlighted that the registered manager was visible within the service and knew people well.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager had informed us that there had been no deaths at the home, serious injuries or other events that needed to notify us of. However, they had informed us of a number of safeguarding issues as was required. It is also a legal requirement that our current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was on display within the service. This showed that the provider was meeting those legal requirements.

A person shared, "I have meetings when I can say things. I ask for different food and places to go and then it is here". As with our previous inspection staff we spoke with told us that meetings for people were held regularly and records that we looked at confirmed this.

The registered manager informed us that, "Quality audits were undertaken regularly in the home". The registered manager told us that they had carried out unannounced spot checks on weekends and during the night to assess if the staff were working as they should. We saw that detailed records were made that highlighted issues that had been identified and the actions taken. One issue identified was that staff were not completing records as they worked. Rather they were completing them at the end of their shift when there could have been a risk that some information was forgotten. We saw that the registered manager carried out a further night spot check to see if improvements had been made and they had. The provider had monitoring systems to promote a safe service that met people's needs. We saw that audits had been undertaken regarding, care records and files, medicine management and people's money. Records highlighted that an in-depth audit of the service had been undertaken by senior staff employed by the provider who had no day to day involvement with the service. This allowed an impartial assessment of how the service was being led. The outcome of this audit was positive and within the provider's assessment framework the service had been scored as good.

A staff member told us, "Things are better here than before". The registered manager told us that 2016 had been a tough year with some staffing issues and a high turnover of staff. They further told us that hard work and effort had improved things and that there was a settled staff team. The improvements that had been made were summarised in a compliment made by a visiting social care professional that read, "I have never seen the service so calm and organised". A relative commented, "You [the staff] should be proud of yourselves. This home is a lovely place to be". This showed that the registered manager and staff were committed to making improvements to ensure that people lived in a nice, well organised place.

A relative shared, "The staff know what to do. They work well". A person told us, "They [the staff] do things OK". Other relatives we spoke with confirmed that the staff did a good job led by the registered manager. A staff member shared, "We [the staff] are monitored which is good. This makes sure we work well". We found that where staff had not performed as they should have appropriate action had been taken to rectify the situation. A staff member said, "Meetings are held for staff often. These are good because we are informed of new things and reminded of what we should do". Records we saw highlighted that staff meetings were arranged frequently.

A staff member shared, "I know what whistle blowing is. If I saw or heard anything that worried me I would report it to the manager. He [registered manager's name] would sort it". We saw that whistle blowing processes were in place for staff to follow.