

# Voyage 1 Limited

# Green Lanes

## Inspection report

219 Green Lanes  
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West Midlands  
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08 November 2018

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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

Green Lanes is a registered care home. People in care homes receive accommodation and personal care as a package of care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Green Lanes accommodates up to seven people. The home provides accommodation over two floors and people have shared access to communal rooms and bathrooms. At the time of the inspection the home was fully occupied by seven people who had all lived there for some time and included people living with learning disabilities and physical disabilities.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community was being encouraged.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection took place on 8 November 2018 and was unannounced.

There was a registered manager in post who was there at the time of the inspection. 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.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to and follow. All staff were clear about action they would take. Recruitment of staff was carried out to ensure that adequate numbers of suitable staff were available to support people. People received medicines as they were required.

People continued to receive effective support from staff who had a sufficient level of skills and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible, whilst involving them as much as possible to make decisions. The policies and systems in the home supported this practice.

People continued to be cared for by staff who displayed kindness and compassion in ways that upheld their privacy and dignity. Staff ensured that people were supported to make choices and maintain a good level of

independence in line with their abilities and wishes. People's diverse needs were recognised and support and access to activities was supported and enabled by staff.

The provider had effective systems in place that were used to regularly review people's care and support that had been provided. Care plans and detailed assessments were individual and contained a wealth of information about people, their needs, their wishes and cultural needs.

People using the service were well known by staff and the staff team continued to work consistently to ensure that support provided respected their needs. People's own communications methods were well known and understood by staff who were keen to advocate on behalf of people whenever they were unhappy, wanted to make preferences known, or wanted to raise an issue.

The care home continued to be well-led, with checks and monitoring arrangements used to maintain the quality of the service provided. Staff were positive about the leadership and skills of the registered manager and people using the service had a good relationship with the registered manager too. Required information was available in the home and made available when requested.

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.

# Green Lanes

## Detailed findings

### Background to this inspection

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

This comprehensive inspection took place on 8 November 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed information we held about the service including information from notifications. Notifications are events that happen in the home that the registered provider and registered manager are required to tell us about. We also considered the last inspection report, the Information supplied by the provider (PIR) and information that had been supplied by other agencies. We also contacted commissioners who had a contract with the home to support people who lived there.

During the inspection we met six of the seven people who were living in the home. We spent most of our time in the company of people using the service provided. Some of the people living in the home had limited verbal communication skills but they were able to make known their views about some aspects of the home. Staff were familiar with and understood their communication methods. We spent time observing how people were being cared for and supported by staff to help us understand people's experience of living at the home.

We spoke with four of the people about their daily lives and experience of living in the home and spent time in their company during the day, two people were at the home all day and others went out for part of the day. We met and spoke with one relative who was visiting the home. We spoke with the registered manager and spoke with two care staff. We looked at care records of two people, the medicine management records and some records relating to the management of the home. These included records relating to checks of safety procedures including fire risks, staff training, meeting records and overall checks of the home.

# Is the service safe?

## Our findings

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.

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People said that they were safe in the home with staff, and we saw that they looked at ease and relaxed in all areas of the home. People were protected from the risk of harm because staff had used training they had received in processes and procedures to enable them to manage any incidents and protect people from abuse.

Staff were clear about issues that could be indicative of abuse and were able to recognise the different types of abuse and what action would be taken if such concerns arose. Staff were confident about action they would take if they suspected someone was at risk of abuse and recognised that they were skilled and knowledgeable about how people living at the home would communicate or show signs that they might be at risk.

Staff were clear about their roles and responsibilities and all showed that they knew how to keep people safe from known risks such as moving safely, using the stairs or engaging in domestic tasks of their choosing around the home. People living in the home were all involved in routine fire drills to help them to understand routines and expectations that would be made in the event on an emergency.

Risk assessments and care plans were in place for all people. Staff contributed to and helped to develop these assessments when changes were noted in how people needed to be supported. We saw that support was provided in line with the care plans.

People were supported by enough staff on duty at all times. Staff absences through annual leave or sickness were usually covered by other staff working additional hours or by a bank member of staff who knew everyone well, no agency staff were engaged to work in the home.

People were supported by staff who were clear about action they would take if any accident or incident occurred. Such events were reported and acted on when they did happen. A relative advised that they were confident that they would be contacted if an accident had occurred and advised that the communication from the staff was good and they felt that they were kept well informed. Staff had received training in how to keep people safe in the event of an emergency or a fire and knew how each person was to be supported to leave the building. The passageways and stairwell were clear from obstacles that could impact on safe evacuation from the home. A plan was in place for removal of files that had been placed outside the office for archiving.

People safely received their medication from staff and clear records were maintained of all such administrations. When a person was going out for the day their prescribed medication was ready and provided to their relative to administer.

The provider had a set recruitment policy in place and staff could clearly recall the recruitment procedure they were required to undertake before they had commenced working in the home. The processes had included interviews, reference checks, DBS checks (Disclosure and Barring Service checks to make sure they were of good character) and they had been required to complete comprehensive induction training.

## Is the service effective?

### Our findings

the rating was unchanged.

People living in the home had lived there for long periods of time and as such their individual needs were well known by staff. The healthcare needs of people are well known by all staff and each person's keyworker maintains specific oversight and checks that regular and annual appointments are planned in diaries and attended as needed. The home had contact details for all healthcare services and had regular contact with some healthcare professionals who were working closely with some people living at the home.

Staff have access to refresher training both on-line and via face to face training and said that they felt able to safely care for everyone living in the home through the training and shadowing experiences that were available. Staff spoke of being very confident that people always received good care and had experience of working alongside all team members at one time or another. Tasks and duties were shared out and the staff spoke well of feeling that everyone's developmental needs were supported. Amongst the staff group there were champions who had taken on lead responsibilities for oversight of a range of topics including medication management, health & safety, infection control and nutritional needs.

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 were very clear about upholding people's rights and abilities to make decisions and gave examples of what would constitute a failure to support people in line with their abilities to exercise their rights and make choices.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and we found that they were being met.

People were supported to eat and drink to suit their own tastes and preferences and all were encouraged to have a balanced diet. Some people were at known risk of not eating or drinking enough and specific support was provided to people in line with these risks. One person was supported by staff to eat and the support they received was provided in a caring and unrushed manner helping the person to eat well and enjoy their meal. The planned menus were varied and there were ample food stocks in place to enable people to select other options when they did not want the meal that had been planned. People were supported by staff to

prepare food and drinks when they were able and were supported to exercise choice in what they had to eat and drink. Staff shopped regularly for food and people using the service sometimes participated in the shopping trips.

The home was well decorated, clean and tidy but had also maintained a homely atmosphere throughout. Most of the notices and items on display in the dining room were of specific interest to people living in the home, with information for staff restricted to the office. People referred to the photos and notices that were on display and clearly used all communal areas of the home as they wished. There were two bedrooms located on the ground floor which were used by people who could not use the stairs and the remainder of the bedrooms were on the first floor.

## Is the service caring?

### Our findings

At the last inspection in March 2016 the key question of Caring was rated Good. At this inspection the rating was unchanged.

On arrival in the home and throughout our visit it was clear that relationships between people who lived in the home and those who worked there were warm and friendly. Conversations and discussions were centred on what people were planning to do. Staff were attentive and supportive encouraging people to get ready for their planned activity. On the day of the visit some people were supported to attend a day centre and one person was planning to spend a few hours out shopping with their relative. When people were planning to go out staff provided support and reminded people about getting items they wanted to take with them.

People were supported by staff who knew them well and were aware of their individual preferences and routines. Staffing levels in the home were organised to ensure that there were enough staff on duty when people were at the home. The times that staff worked were planned in advance. This planning ensured that when they were to be involved in supporting people with activities they did not have to shorten the events to fit in with duty times or leave other people in the home with insufficient staff. Where people had a known preference about gender of the staff providing support or personal care this was respected and complied with.

People in the home have opportunities to regularly meet with their named keyworker to look at progress to meet their own plans and healthcare needs. The meetings were also used as a chance to reflect back on what activities they had been involved in. Each person had a photo album with details of all things they have done, which was in addition to the house album and displayed photographs.

People were supported to undertake cleaning and tidying of their own rooms and also were involved in doing their own laundry in line with their skills and abilities. We saw that one person was keen to be involved in loading and unloading the washing machine and tumble dryer and were supported by staff in doing this. They helped staff in folding laundry. When people's abilities had changed risk assessments had been completed to reflect what they could safely continue to do.

People respected each person's private space and some people left their bedroom doors open at all times and others chose to close them. We saw that no one entered another bedroom without being invited. Locks were fitted to all bedroom doors and keys were available but staff advised that no one in the home had chosen to have a key to their bedroom. Staff advised some people were able to use bedroom door locks from the inside as they wished. Aids were used within bedrooms to help keep people safe whilst respecting their rights to privacy and independence.

Visitors were welcomed to the home at any time and some people enjoyed regular contact with relatives which was accommodated and supported by the home. A relative told us that they were well informed about any changes in the person's well-being or health and had been given the registered managers own

mobile number should they ever wish to make contact.

## Is the service responsive?

### Our findings

At the last inspection in May 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

People were supported by staff to take part in a wide range of activities both within the home and outside. When we visited people had plans to attend events outside the home for part of the day.

People were supported to attain or maintain their independence and some people spoke about hobbies and activities they enjoyed. One person was joking with staff about their plans to knit scarves and shared this interest in knitting with another person living in the home. Everyone participated in conversations about where they were going at the weekend and also spoke about or made reference to other plans they had to attend different social clubs.

People received information in accessible formats. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The registered manager was aware of the requirements relating to this standard. Information for people about their plans, activities and healthcare needs was made available in pictorial and large print easy read documents. In addition, all staff verbally went through each document with people at their pace to ensure they understood what had been agreed as few people were able to follow the plans independently.

Care plans were detailed and comprehensive covering all aspects of each person's life including ageing and death. Family members were contacted by the home regularly and were consulted with in line with the wishes of the person living in the home.

People were supported to broaden their interests and opportunities for people were sought out by staff in line with the wishes and aspirations of people living in the home. People had achieved varying degrees of independence since living in the home and individual major achievements were celebrated and enjoyed by all staff and people who live in the home. Some people did not join in structured activities outside the home but were supported to participate in activities they enjoyed.

People raised any concerns openly with staff and one person said that they told the registered manager if they had a complaint and added, "[Registered Manager] sorts it out." Details of what to do in the event of a complaint had been made available to relatives of people using the service. Staff made reference to directing and encouraging anyone who was not happy to make a complaint without being worried. The provider's complaint procedure was accessible and known to relatives. All complaints received were recorded and responded to in line with the procedure.

## Is the service well-led?

### Our findings

At the last inspection in March 2016 the key question of Well-Led was rated Good. At this inspection the rating was unchanged.

The registered manager of the home had been in post for many years and had a clear understanding of their responsibilities. 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 maintained a good overview of all aspects of the home and recognised the valuable contribution made by all staff to the successful delivery of care.

Regular audits and checks were made by representatives of the provider as well by the registered manager and senior staff in the home. The audits were viewed as opportunities to improve by the registered manager and they spoke about the outcomes from recent audits that had taken place. Systems in place were well used and helped to identify when staff needed refresher training in advance of the date so that they could be sure to make time and maintain knowledge levels. Regular checks and audits were undertaken of the records and notes in the home to ensure that people using the service were safe and well cared for in all aspects of their lives. The provider also had a system in place for internal audits to be carried out regularly by registered managers from other homes and encouraged managers to share good practice and quality developments.

The registered manager maintained a close oversight of the care afforded to everyone in the home and encouraged staff to make enquiries when they were unsure about treatment that had been prescribed or when changes were made in other support provided. For example: changes in one person's medication was followed up by the registered manager when it was noted that one medication was prescribed to be used not in accordance with the manufacturers guidance. The caution of the registered manager was exercised with best interests of person as the focus of their enquiries, and the advice from a GP was then recorded and retained on file should anyone have a query in the future.

People were encouraged to make good use of local community and leisure facilities with varying degrees of success. All participated in and enjoyed some activities outside the home.

Staff were very confident about how they could raise any issue of concern and made reference to the providers attitude to whistleblowing, advising that they felt sure they would be listened to and taken seriously if they needed to raise anything. Staff advised that they had opportunities to speak with the registered manager at any time and valued the staff meetings held every two months. In addition to the staff meetings the registered manager advised that individual staff supervisions sessions took place regularly but relied on their 'open door policy' being an easy route for staff to make contact with them if they ever felt a need. Staff advised that the agenda for the staff meetings are shared in advance and staff had the opportunity to add any topics to the agenda themselves.

The registered manager was also the registered manager for another small home operated by the same provider and had been well supported in their role by the work of the staff team in this home. The registered manager advised that whilst undertaking the dual management role they had identified opportunities and further developments that they wanted to introduce in this home so that they could improve and enhance the daily lives of people living in the home.

The registered manager felt well supported by the provider and had access to training and development linked to their role. They advised that they valued the opportunities at training events to share experience and knowledge with other registered managers as well as hearing from guest expert speakers at learning events.

Notifications were shared with us as expected, and provided us with information about how issues had been dealt with by the home. We found that the previous inspection rating was displayed as required.