

Voyage 1 Limited

36 West Street

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

36 West Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

36 West Street is owned by Voyage 1 Limited. It is situated in the Wombwell area of Barnsley and is registered to provide accommodation and personal care for six people with learning disabilities. The accommodation is provided on two floors. On the ground floor there is a lounge, activities room, dining area, a purpose built kitchen and four bedrooms which have direct access to a bathroom or shower area. On the first floor there are two self-contained flats.

At the time of this inspection six people were living at West Street.

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.

Why the service is rated Good.

People living at West Street told us they felt safe and they liked the staff. Some people who we could not verbally communicate with were able to express their happiness and satisfaction with the care they received through sign language, or by their observed facial expressions, body language and gestures.

Relatives we spoke with felt their family member was in a safe place and spoke positively about the standard of care and support their family member received.

Staff were aware of their responsibilities in keeping people safe.

Policies and procedures for the safe handling of medicines were in place.

The recruitment procedures in operation promoted people's safety.

New staff completed a thorough induction and all staff received regular training to support them in their roles.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's support plans were centred around the person and contained relevant and detailed information

and had been reviewed to ensure they were up to date.

We found that staff were knowledgeable about the people they cared for and saw they interacted positively with people living in the home.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

We found the home was clean, bright and well maintained. People's rooms and/or flats had been personalised and communal areas were comfortably furnished.

A range of activities were available both inside and outside the home to provide people with leisure opportunities.

People living at the home and their relatives said they could speak with staff and the registered manager if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided.

Safety and maintenance checks for the premises and equipment were in place and up to date.

## 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.

# 36 West Street

## 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 inspection took place on 14 June 2018 and was unannounced. This meant the people living at West Street and the staff who worked there did not know we were coming.

The inspection team consisted of two adult social care inspectors.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of any accidents and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

During our inspection we used different methods to help us understand the experiences of people living at the service. These methods included informal observations throughout our inspection. Our observations enabled us to see how staff interacted with people and see how care was provided.

We communicated with three people, verbally, through the use of sign language and through observed facial expressions, body language and gestures. For example, a smile may indicate a person was happy or content. We also spoke over the telephone with two relatives of people who used the service.

We looked around different areas of the service, which included some communal areas, bathrooms, and with their permission, some people's rooms/flats.

We spoke with the registered manager, the senior support worker and the three support workers on duty at the time of our inspection.

We reviewed a range of records, which included two people's care plans, three staff support and employment records, training, supervision and appraisal records and other records relating to the management of the service. This included quality assurance audits and safety records for the building and the equipment in the home.

# Is the service safe?

## Our findings

People we communicated with expressed to us that they felt safe living at West Street. When we asked people what it was like to live at the home they smiled and their body language expressed their contentment. One person said, "I feel safe, I feel protected. If I didn't I would tell staff."

Relatives we spoke with all agreed the home was a safe place for their family member to live. Their comments included, "Yes I feel [name] is safe" and "Oh, yes [name] is safe, in fact staff spoil [name]."

During our observations we saw people were comfortable in the presence of the staff and when people expressed they needed assistance this was provided. We saw staff were aware of people's individual demeanour and behaviour and of the potential risks associated with this.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

We saw the registered manager made appropriate safeguarding referrals to the local authority when required. This meant the service had appropriate systems in place to safeguard people from abuse.

The staff training matrix and individual staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The registered manager told us staff handled some money for people living at West Street. We saw that financial transaction records had been completed in line with the registered provider's policy. We checked two people's finance records. Receipts were retained and corresponded to the records held. This helped to keep people safe from financial abuse.

The registered provider had systems in place to ensure that risks were minimised. Care plans contained risk assessments that were individual to each person's specific needs, including an assessment of risk for nutrition, medication, finances, accessing the community, and the need for regular reviews of both physical and mental health.

People, relatives and staff all thought there were enough staff to help support people when they needed it. One relative told us, "There are always staff about to help people." One person said, "Yes, staff take me out when I want to go."

We observed staff were very visible around the home and responded to people's needs as required. We also observed staff taking time to sit and engage with people on a one to one basis and accompanying people to the local shops when they requested to go.

We looked at three staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This showed recruitment procedures in the home helped to keep people safe.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a policy on medicines in place to inform staff. We observed people were supported to take their medicines as prescribed with appropriate drinks and encouragement.

We checked two people's medication administration records (MAR.) These had been fully completed. The MAR held detail of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. Medicines were stored securely.

Some people who lived at West Street were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff. This showed safe procedures had been adhered to.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us the registered manager or senior member of staff observed staff administering medicines to check their competency. We saw regular audits of people's MAR were undertaken to look for gaps or errors. We saw records of medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken to keep people safe.

Regular checks of the building were carried out to ensure the home was well maintained and keep people safe. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found the home was clean and tidy. Relatives we spoke with said the home was always kept clean. One said, "No smells at the home, staff look after people's belongings and the home like it was their own."

Staff told us they had been provided with training in infection control procedures so that people's health and safety was promoted.



## Is the service effective?

### Our findings

People told us the staff were good at providing them with the support they needed. Comments included, "Staff help me with my [described medical condition], I am doing well now."

Relatives we spoke with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member.

Relatives said their [family member's] health was looked after and they were provided with the support they needed.

The registered manager confirmed medical support was provided by GPs from a local practice. The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included Speech and Language Therapists (SALT), GPs and dentists. Health action plans were fully completed after every appointment and recorded actions implemented in people's support plans.

Stakeholders we contacted prior to the inspection told us they had no current concerns about 36 West Street.

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they completed an induction and refresher training to maintain and update their skills and knowledge. Training such as moving and handling, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, epilepsy support and supporting people with autism.

This meant all staff had appropriate skills and knowledge to support people. Staff told us, "Training is excellent, I love the training we get here" and "We always get loads of training."

The registered manager informed us some support staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

Staff we spoke with told us they felt supported. We saw there was a robust system in place to ensure staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is a meeting usually held annually where a staff member has a meeting with their manager to review their performance and identify their work objectives for the next twelve months.

The three staff records checked showed care staff had been provided with regular supervision for development and support. All of the staff spoken with said they received regular, formal supervisions and could approach the registered manager or senior staff at any time for informal discussions if needed. This showed that staff were appropriately supported.

Staff had the skills to communicate effectively. During the inspection we spent time observing the interactions between people who used the service and staff. Staff supported people effectively and understood the individual needs of the people who used the service. Staff described people's non-verbal communication methods and explained what gestures, noises and facial expressions meant. We saw that staff could also refer to people's care plans for guidance regarding this.

Each person in the home was actively involved in all stages of their care and support and this was evidenced in their support plans. Support plans reflected individual people's supported needs alongside their cultural, religious and lifestyle needs. Each person had a communication and decision making profile built into the person centred plans which enabled their desires and choices to be more consistently understood by the staff team at the service.

People's support plans had been regularly reviewed to ensure they were up to date.

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).

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 were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt consulted and we observed staff always asked for consent when providing support. The care plans we checked all held signed agreements to evidence their consent. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

The staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. We found that staff interacted positively with people living in the home. Staff said, "I know all the people here, their likes and dislikes, we as staff always make sure people have choices."

People were offered a number of choices for each meal, and although there were menu's in place we saw that staff asked people what they wanted and prepared the meal that was requested. Most people chose to eat together in the main dining room but some preferred to eat either in their own room, in the sensory room or another place of their choosing. People said, "The food is nice, I have a special diet and staff are good to help me with it."

We found the home was designed and adapted to meet the needs of people who used the service. Accommodation was provided over two floors. The second floor was accessed by a lift and stairs. We found the home was bright and well maintained. The bedrooms and flats of people who were living at the home had been personalised to their own taste and communal areas were comfortably furnished. People's rooms were large and included a spacious ensuite shower room and ceiling tracked hoists.

## Is the service caring?

### Our findings

During our inspection we spent time observing interactions between staff and people living at the home. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw frequent and friendly interactions between people and the staff supporting them. Support staff offered people choices all the time from what drinks the person would like to where they would like to be and were inclusive with all conversations. Staff were keen to include people in the inspection of West Street.

Some people were able to express their happiness and satisfaction with the care they received by facial expression (smile) and body languages and gestures. One person said, "I have a happy life here, staff are nice, they care for me."

Relatives we spoke with were all very positive about 36 West Street and the staff who worked there. Comments included, "A marvellous place, I can't knock it," "I can't praise the staff enough," "It is just like a big family here at West Street, lovely," "The staff are brilliant with [name]" and "It's a family home, that is what it feels like when we visit."

We spoke with staff about people's preferences and needs. They were able to tell us about the people they were supporting, and could describe the support people needed and wanted. They were aware of people's history, interests and what was important to them. This showed staff knew the people they supported well.

Staff we spoke with could describe how they promoted dignity and respect. People's relatives told us staff respected privacy and they had never heard them talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

Every staff member spoken with said they would be happy for a family member or friend to live at West Street. Comments included, "If I needed support for my family it would be here, because I know there would only be the best staff looking after them."

Around the home we saw there were contact details for local advocacy services. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

## Is the service responsive?

### Our findings

People living at West Street said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided. People said, "They [staff] are nice and help me" and "[Name of staff] has helped me with [medical condition] I am getting better now."

Relatives were very positive about how staff responded to and knew people's needs. Relatives said, "Since living at West Street [name] has come on leaps and bounds. I cannot praise the staff enough."

Relatives told us they were always kept involved in people's care and support and had regular contact and discussions with staff. Relatives said, "We have regular reviews with the staff and all the health people who support [name]" and "Any issues, anything to discuss about how [name] is doing staff are very good at ringing me or chatting when I visit."

We checked two people's support plans. The support plans had been written in relation to personal care, medication, communication, social activities, behaviours that may challenge, health needs and travel. Each plan had been written in a person centred way and highlighted the need for staff to respect people's choices. They also included people's preferences and detailed information in relation to level of support people required and what prompts they would need to carry out tasks independently.

We saw care files contained a range of person centred tools to help describe who the person is, what their likes and dislikes are, how best to support them, what's important for the person and how staff can effectively communicate with them. These tools included life histories, one page profiles, relationship maps and communication passports. Information regarding a person's typical day contained detailed information regarding specific actions that staff needed to complete and any risks they needed to manage to ensure that a person preferred routine was maintained.

Special events in people's lives such as their birthday, family member's birthdays, and favourite places to visit were recorded and incorporated into people's care plans. One page profiles contained people's skills and abilities, how they communicated and what tasks they could complete independently. This helped to ensure staff knew the people they were supporting and were enabled to provide person centred care in line with people's preferences.

Health action plans had been developed which ensured people's health concerns were documented along with the current support they received and from whom. We saw plans in place for eye care, oral health, chiropody, medication, community nurse, dietician and speech and language therapists. We also saw that all GP, Hospital and occupational therapy visits and any guidance received was recorded.

People and relatives were very positive about the frequency and variety of social activities made available to people. On the day of the inspection staff were awaiting the return of a person from their holiday to the coast, people were busy going out on activities, returning home and then going out again to other social

events. We observed the home was decorated with England flags and bunting in preparation for the start of the World Cup.

People said, "I do nice things like shopping and holidays. I am going to Skegness this year I have also been to Cleethorpes," and "We have take away fish and chips and themed nights."

One person was very pleased to show us their activity scrap book which contained photographs of pleasurable trips they had been on and also included photographs of Christmas parties, picnics and holidays.

The registered provider had a complaints policy and procedure in place and we saw that this was displayed throughout the home, with 'see something, say something' posters and forms available for people to use. We spoke with one person who used the service who told us "I would tell [named registered manager] if I wasn't happy. I would tell them."

Relatives said, "If I did see anything I was not happy with I would tell them (staff) and they would sort it" and "I speak to [registered manager] with any worries, I haven't, but I know she would address them anyway."

We reviewed the complaints file and found that no complaints had been recorded in the past 12 months. We saw that a number of compliments and thank you cards had been sent to the service thanking staff for their hard work and caring nature.

As some of the people using the service would be unable to make a formal complaint the registered manager had ensured there were other opportunities to capture their views. We saw that regular service user and key worker meetings were carried out and that people using the service also completed an annual quality assurance survey.

The registered manager said a person's end of life wishes and their preferred priorities for care discussions were completed for each person as part of their person centred care plan review.

## Is the service well-led?

### Our findings

The manager was registered with CQC. 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.

We saw the registered manager promoted positive relationships. She greeted people warmly by name and spent time sharing conversation with them. People living at the service freely approached the registered manager and shared verbal and non-verbal conversations with them.

The relatives and staff at the home spoke positively about the registered manager and said they were very approachable. Comments included, "I have never been as happy in a job, amazing place to work," "The managers are brilliant, so supportive," "Anything you are unsure of, ask and you are helped and supported" and "This is a really well run home."

There were systems in place to seek the views of people who used the service, their relatives, staff, commissioners and healthcare professionals. Questionnaires had been sent out to people to receive information on people's experiences of the service. From the feedback an action plan had been completed, with timescales, to evidence any actions required to improve the service after taking into account people's responses. This had been shared with people and staff.

Monthly person centred key worker reviews were completed and this provided an opportunity for people who were unable to effectively communicate in a larger group to have their needs considered on a one to one basis. Discussion in these meetings included complaints or suggestions, what's working / not working, any new purchases, medication changes and what was important for that person and what was important to them.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that issues could be identified and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. We saw that checks and audits had been made by the registered manager and other staff. These included medication, the environment, care plans, supervisions and training. This showed that effective systems were in place to monitor the quality and safety of the home.

Area managers of the registered provider carried out regular monitoring visits to the service and identified areas for improvement with action plans that were signed off when completed.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.