

Voyage 1 Limited

182 Ashby Road

Inspection report

182 Ashby Road
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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

We inspected 182 Ashby Rd on 11 November 2015 and it was an unannounced inspection. This was the first inspection since changing to a new provider. The home provides accommodation and support for five people with learning disabilities. The home had a registered manager in place. 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 were kept safe by staff who understood their responsibilities to protect people with learning disabilities. People were able to tell us what actions they took to keep themselves safe and how they were supported to do that. Staff were aware of their responsibilities to protect people and knew how to report any concerns that they had.

We saw that there were enough staff working at the home to support people to develop skills and pursue their interests and hobbies. Staffing levels were adapted to meet individual need and to support people safely. Recruitment procedures were followed which ensured that staff were safe to work with people.

People told us that the staff were well trained and helped them with anything they needed. New staff had received an induction which included being mentored by experienced people until they felt confident to work alone. Staff received training which they felt helped them to improve the support that they gave to people. They also received supervision and training to continue to develop their skills. The staff understood the Mental Capacity Act 2005 and people told us that staff asked for their consent. The staff team were aware of the principles of the Deprivation of Liberty Safeguards and when this should be applied to protect people's human rights.

We observed that staff were respectful and caring to the people that they supported. People were central to decisions about their care. They were involved in all plans and their preferences were known by all staff and clearly recorded. People made choices about how they lived their lives. They planned their own meals and were supported to eat healthily. Their privacy was respected at all times and staff asked people for their consent before they gave them any support.

People told us that they made plans with staff to make sure that they were able to do the things they wanted to do. They pursued leisure, education and social interests. Family and people who were important to them were included in their lives and formed part of their annual review. They were asked for their feedback on the support that they received weekly through one to one meetings. People completed an annual survey and the registered manager ensured that changes were made as a consequence of this feedback.

Staff supported people to live healthy lifestyles. They attended health appointments regularly. They were confident that if they had any problems staff would support them to see a health professional promptly.

People were supported to understand their health conditions and how the medicines that they took helped to keep them well. Medicines were given to people safely and records were well maintained and managed.

People, staff and relatives told us that the registered manager was approachable and listened to people. There were systems in place to monitor the quality of the service and to ensure that it was continually improved. People told us that if they were not happy they would know how to complain.

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 was safe
People were supported by staff who understood their responsibilities to keep people safe and report any concerns. Risks to people's safety were assessed and managed to protect them from harm. There were enough skilled and experienced staff to meet people's needs. Medicines were administered by competent staff.

Is the service effective?

Good ●

The service was effective
Staff received training and support to effectively support people. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to maintain a healthy diet and all of their healthcare needs were met.

Is the service caring?

Good ●

The service was caring.
People were treated with respect by staff and caring relationships were developed. Their choices and preferences were central to all support given and their privacy was respected.

Is the service responsive?

Good ●

The service was responsive
People who used the service were central to planning their care and support. They were supported to access a range of activities and their independence was promoted. People knew how to make a complaint or raise concerns and were confident that they would be listened to.

Is the service well-led?

Good ●

The service was well led.
Staff and the people we spoke with said that there was an open positive culture in the home. They said that the registered manager was approachable and supportive. The provider had quality monitoring systems in place to monitor the quality of service and identify areas for improvement.

182 Ashby 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 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.'

One inspector completed this unannounced inspection on 11 November 2015.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider the opportunity at the inspection to provide us with any relevant information. We looked at information received from the public and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with five people who lived at the home and with one relative and two healthcare professionals about their experience of the service. We spoke with six members of staff, including three support workers, one team leader, the registered manager and the operations manager.

We observed how staff interacted with people who used the service and looked at three people's care records to check that the care they received matched the information in their records

We reviewed two staff files to see if they were regularly supported and that recruitment procedures were followed to check that staff were safe to work with people.

Is the service safe?

Our findings

People told us that they felt safe and one person said, "I feel safe here". A relative also told us, "My [relative] is happy to be there and feels safe. They get on really well with staff". Staff we spoke with told us they had completed training on how to protect people from abuse. One member of staff said, "It helped me to understand why it is important to write records to keep people safe". Staff we spoke with said that there were systems in place to report safeguarding concerns. One Staff member said, I would report abuse to a manager or to the senior on call if there wasn't a manager here". Safeguarding records showed the provider had made referrals when needed to the local authority.

People told us that they were supported to be kept safe and understood the reasons for any assistance. For example, one person said, "When I go out, I go with staff as I might talk to people I don't know". We saw one person put on a high visibility jacket to go out in the evening and they explained how it helped to keep them safe. We saw that risks had been managed whilst promoting people's privacy and independence. Assistive technology had been used to support one person to keep safe and this had minimised the restrictions on the person. A plan had been developed with people to identify and manage risk and they included clear guidance about the staffing level needed in different activities. This included developing plans to support people to manage behaviour that may cause them or others harm. We observed that people received support from staff in line with these plans to take part in activities safely.

We saw that the provider had management systems to minimise environmental risk. We observed that staff completed daily checks to ensure that the building and equipment was safely maintained. Action had been taken to make alterations to the house as a consequence of a fire risk assessment. We saw that the maintenance team had altered the stairs to make them safer.

We saw that there were sufficient staff to meet people's needs and to support them to pursue their interests and social activities. For example, some people had additional support when they went out and this was well planned and organised. Staff told us, "We have enough staff and they are good and will cover extra shifts when needed".

We saw that safe recruitment procedures were followed. A new member of staff told us, "I completed an application form and didn't start work until all checks were done." Records confirmed that checks were carried out to ensure that staff were suitable to work with people. We also saw that staff had been supported to ensure that they followed plans so that they didn't put themselves or others at risk.

People told us that they were supported to take their medicine and they understood why they took it. One person said, "Staff help me to take my medicine. If I have a headache I ask for some tablets. I do my own cream". We saw this recorded in medicine administration records. There were plans in place to ensure that people's medicines were given to people in a set way to reduce people's anxiety. People told us that they were involved in reviewing their medication with healthcare professionals.

Staff were knowledgeable about people's medicines and the procedures in place to ensure that they were

administered safely. One staff member we spoke with said, "The medicines training helped me to understand that the side effects for one person were drowsiness. I use this information when I am planning with the person so that we know good times of the day to do active things". Staff we spoke with told us that they had their competency in medicine administration and understanding assessed. One staff member told us that they were waiting to be re-assessed after a period of absence.

Is the service effective?

Our findings

We observed people received care that was effective and met their needs. One person told us, "Staff are well trained; they go on E Learning and there's a lot to do". Staff told us that they received training to ensure that they were equipped to meet people's needs. This included training to support people with complex needs. One staff member said, "It gives you the confidence to know what to do if the situation arises". New staff were given time to learn their role before working unsupported. One new member of staff said, "I had days planned to shadow staff and about three weeks settling in time. It gave me time to read care plans and procedures". Staff told us that they received regular support through supervision and appraisal. One staff said, "We talk about my development in supervision". We saw records that showed that staff were supported to attend training which was sourced to meet an assessed development need. The provider employed a behavioural therapist to support the registered manager and staff to meet the needs of the people. This person gave them additional expertise to ensure that the support that they provided was effective. The staff also developed strong links with healthcare teams for this purpose.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. Care records that we reviewed showed that people's capacity had been taken into account. For example one record said '[Name] has capacity to consent to own medical treatment'. We observed that people were consulted about all aspects of their day. People we spoke with described how they were supported to make their own decisions. The care records that we reviewed demonstrated that people's ability to make decisions for themselves was described throughout all aspects of their lives. They gave staff clear guidance, for example that if somebody was anxious it may affect their capacity to make decisions and staff should take this into account. 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. At the time of our inspection there were no DoLS applications in place.

People told us that they are supported to access healthcare services and to maintain good health. One person said, "If I wasn't well I would tell staff and they ring and make an appointment for me and we go there and see what's wrong with me". Health professionals that we spoke with confirmed that people were always supported by staff in a respectful manner. They were assisted to make appointments and to attend them. A relative described how a strategy was put in place to help their relative adapt after an accident to continue as independently as possible.

We observed that people were supported to make choices about their meals and participated in the preparation of them. One person said, "We cook our meals at different times of the day and some day's people like to get a takeaway." Plans were in place to support people to manage some aspects of their diet

to maintain their health. Records relating to nutrition were kept and people were assisted to manage a balanced diet.

Is the service caring?

Our findings

We observed caring, supportive relationships between staff and people who used the service. One person told us, "I am happy here and well looked after". Another person said, "Staff are good at listening to me when I am worried". One relative told us, "Staff are particularly caring and understand my [relative] well. They are compassionate and there is always someone for them to talk to. They go above what is expected and necessary". One staff member said, "I love it here, every day is different".

People told us that they were listened to and that their preferences were taken into account. For example, we saw that people chose which staff supported them with different activities. One person showed us his 'Likes and Dislikes' poster where they had drawn pictures, for example, they liked gardening. Care records demonstrated that people had been involved in making decisions about their support. They described 'A good day' and 'Things that are important to me'. They were personal and they were signed and reviewed by the people that they were about. People also knew about advocacy services and we saw a poster displayed in a communal area. An advocate is a person who is independent of the home and who supports a person to share their views and wishes

We observed that privacy and dignity was promoted by staff and people who used the service. We spoke with one person who said, "I will shut the door so that we can have privacy. It is private and confidential". They told us that they were used to meeting privately and knew that people would respect that the door was closed. This was confirmed by a healthcare professional that we spoke with who said that a private space of the person's choice was always made available for them to meet. Another person told us, "I have a key to my room and staff always knock before they come in." We saw that staff did respect people's privacy when they were in their rooms and knocked or spoke through the door. People's mail was delivered to personal letter boxes and one person showed us their letter box and key used to check for their mail.

Is the service responsive?

Our findings

We saw that people were supported to follow their interests and develop social activities and relationships. People told us that they had plans to go to a food festival, use leisure facilities and attend social groups. One person said, "If I want something doing I will speak to my keyworkers and they will sort it out." A keyworker is a member of staff who takes additional responsibility for one named person. We saw that people had weekly meetings to review how things have gone and what they would like to do more of. For example, one care record said 'don't give me too many tasks at once'.

People were involved in developing plans which promoted their independence. One person described how they were supported to manage their money. They said, "I go to the bank to get some money out, and then staff help me count it when I want to buy something." A relative said, "The staff have helped [relative] to manage their money by buying things with a bank card and saving for larger items".

We saw that people had an annual review to plan for the year ahead and this included people that were important to them. One relative said, "The review was very positive, I really liked it and was very impressed. [Relative] was very much involved and contributed a great deal." We saw that the reviews centred on the person and ensured that the relationships that mattered to them were developed.

People knew how to raise concerns or complaints. One person said, "I would speak to staff or managers". The person showed us the organisation's complaint card and told us what number they would ring. They told us that they hadn't needed to call it yet. Another person said, "I know about the complaints procedure and would talk to somebody". People had regular meetings where they were encouraged to talk about things that worried them. One person said, "We have a house meeting and ask for things like decorating and the maintenance man sorts it out." We saw that people had asked for the bannister to be replaced and this had happened. They also decided to spend some joint funds on new garden equipment. We saw that people were also asked for their feedback through an annual review of the service. One record had information from a person who used the service that said, 'People listen to your worries and do something about them'.

We saw that complaints and concerns were resolved in a timely manner. A relative told us, "Staff are extremely helpful and very willing to talk about any issues. They are usually quickly resolved." Systems were also introduced to avoid repetition of incidents. For example, the registered manager sent a letter of apology and spent time explaining the service to build important community relationships.

Is the service well-led?

Our findings

We observed a positive culture where people were treated with respect and encouragement." A relative told us, "The manager is very accessible and understanding and wants the best for everyone." Health professionals, who work with the service regularly, said, "The manager is pro-active and will follow things up". Staff told us that there was an open door policy. One staff said, "I have monthly supervision but I can talk to them whenever I want to." Another member of staff said, "The manager is nice and approachable and is really good with the people who use the service

The values of the staff were considered by the registered manager. For example, all of the staff had completed a one page profile which introduced them to people. The registered manager said that this encouraged empathy as it gave them an insight into the processes that people who lived there have. It also assisted the registered manager to match staff with people as it described interests and hobbies.

Community links were developed with people who used the service such as with leisure facilities and education establishments. The registered manager developed links with other providers in their locality through a quarterly provider network meeting. They said, "It is good to meet up with people who are doing the same job and find out what's going on locally".

Staff had regular meetings with the registered manager, individually and as a team. We saw that there were also communication systems in place to capture feedback and concerns. Staff were clear about their roles and responsibilities. For example, we observed tasks and responsibilities being allocated to individual staff at a handover meeting. Staff told us that there was always a manager available to support them out of hours through an on call system.

We saw systems in place to review the quality of the service and that actions were taken as a result of audits. For example we saw that one staff member had reported that a person's medicine looked different. The pharmacy was contacted to confirm that it was correct. We saw that accidents and incidents were reported weekly to the provider's central quality team. We saw that they were reviewed and feedback was given to the registered manager about any trends found from this analysis. This feedback informed the registered manager's action plan. The registered manager also completed a self-assessment quarterly which added action points to the plan. Additional actions were developed from the annual surveys from staff, family and people who used the service. This action plan was audited quarterly by the operations manager to ensure that progress was made in meeting the objectives.

The registered manager sent us information about significant events in the home. This showed that they were aware of and adhered to the requirements of their registration with us.