

Voyage 1 Limited

Abbotts Road

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 

Overall summary

This inspection took place on 17 August 2015 and was unannounced. This is the first inspection of the home since it was registered with us in April 2014 under their new provider Voyage 1 Limited.

The home is registered to provide accommodation and personal care to up to four people at any time. The home provides care to adults with a learning disability and / or autistic spectrum disorders. At the time of our inspection there were four people living there.

The location is required to have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager in post. The registered manager shares their time between this home and another of the provider's homes close by.

Summary of findings

Staff had been trained to safeguard people from abuse and avoidable harm. Risks of harm to people receiving the service had been assessed and recorded. People's medicine was administered safely.

Staffing levels were determined according to people's needs. We found there were sufficient numbers of staff on shift to meet people's needs. There were procedures in place to recruit suitable staff to work with people living at the home.

Staff were supported to gain the skills and knowledge to care and support people. Staff were inducted into their job role and received training. The provider protected the rights of people.

People were supported by staff to access health and social care professionals whenever needed. Staff followed the advice and guidance of health care professionals.

Staff were caring and treated people with dignity and respect.

People were relaxed with the staff supporting and interacting with them.

Relatives felt they could speak to the staff and the registered manager about any concerns that they had and that they would be listened to and their concern addressed.

The provider had quality assurance systems in place to monitor the care and support people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected against the risk of avoidable harm and abuse.

Staff were safely recruited and the provider had completed the required pre-employment checks on them.

People received their prescribed medicines from trained staff at the required times.

Good



Is the service effective?

The service was effective.

People were cared for and supported by trained staff.

Staffing levels were sufficient to meet people's needs.

Staff were trained in and understood how to protect people's human rights.

People were supported to maintain good health.

Good



Is the service caring?

The service was caring.

People and their relatives told us that staff were kind and caring toward them / their family member.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed and staff had the information they needed available to them so they could respond to people's needs.

Staff were responsive to people's preferences about their daily routine.

Individual activities were planned for and took place.

Relatives told us that they knew how to make a complaint if needed.

Good



Is the service well-led?

The service was well led.

The provider had systems in place to monitor the quality of the service provided to people. Where actions were identified as needed to make improvements these were actioned.

Feedback from people was sought.

Staff were supported and listened to.

Good



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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.

This inspection took place on 17 August 2015 and was unannounced and carried out by one inspector.

We reviewed the information we held about the service. This included information shared with us by the Local Authority and notifications received from the provider about serious injuries and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We spoke with four care staff, the team leader and the registered manager. We met and spent time with all four people that used the service. We telephoned and spoke with three people's relatives. We observed the care people received in communal areas of the home by using a Short Observational framework for inspection (SOFI). SOFI is a way of observing people's care to help us understand the experience of people who live there. We also carried out general observations throughout the day. We looked at two people's care, medicine and financial records to see how their care was planned, delivered and managed. We also looked at quality assurance audits relating to the management of the service and records including staff training and recruitment, together with a selection of the provider's policies and procedures.

Is the service safe?

Our findings

One person told us, “I live here. It is safe. Staff look after me.” All of the relatives that we spoke with told us that they felt their family member was safe living at the home. One relative told us, “[Person’s Name] is safe there. It’s a very good home. People are well looked after. It’s very safe.”

Another relative told us, “We know that [Person’s Name] feels safe living there because they are happy to return when they have visited us. We’d know if there was a problem because their behaviour would change.”

We asked staff how people at the home were kept safe and protected from abuse. Staff we spoke with told us they’d had training and were able to tell us what abuse was and the signs to look for. The team leader told us, “If I had any concerns or suspected any abuse, I would report it to the manager straight away. I know that they would listen and do something about it.” Three of the four care staff we spoke with knew how to whistle-blow to the local authority safeguarding team or to the Care Quality Commission (CQC) if they needed to. One staff member told us, “I know that there is a poster in the office, it tells us about safeguarding people. I know that we can report any abuse to you at CQC or the safeguarding team.” This showed that staff were reminded about their role in protecting people from avoidable harm and abuse. The registered manager told us that they would arrange refresher training for staff members that found it difficult to recall information from their training.

One staff member told us, “The manager has risk assessed things and these are in people’s care plans. I’ve read them. There’s a lot to remember but I can always refer back to them if needed.” The team leader was able to tell us about people’s risk assessments and gave us an example of one person being involved, as far as possible, with their activity risk assessments. In both sets of care records looked at we saw that risks had been identified and actions put in place to reduce the risk of harm. During our visit, we observed that staff followed these.

Staff told us that they had completed an on-line first aid awareness training session. We saw from people’s care records that they were at risk of, for example, choking. We asked staff what they would do in emergency situations, such as a person choking or being scalded by boiling water

when they made themselves a drink. Most staff spoken with were able to tell us the safe first aid action to take. All of the staff told us that they would get professional help and follow any guidance given.

We asked one person if staff were always available to support them when needed and they told us, “Yes.” During our visit we saw that one person was able to ask for support easier than one other person. However, the team leader ensured people’s needs were equally met and there were enough staff on shift to meet everybody’s needs. One relative told us, “I’ve never had any concerns about the staffing levels.”

We spoke with staff about their recruitment. The team leader told us, “I’ve worked here over ten years. Most of the other staff have also been here for years. It’s good. We know each other and work well as a team.” We spoke with one staff member who had recently been recruited, they told us, “I started working at the home this year. I had an interview and gave details so that checks could be completed. I had an induction and completed some shadowing staff shifts. I feel it was a good induction. I’ve still some training to do, such as diabetes and medication, so I don’t administer medication yet.” We saw records confirming that pre-employment checks had been completed. The registered manager explained to us that the provider managed the safe recruitment processes. They told us, “Voyage 1 Limited are strict about getting all the checks on staff completed before they start at the home. If there are, for example, gaps in a person’s employment history, they will check this out before any start date is given.”

One person told us, “Staff give me my medicines.” The team leader explained to us the systems in place to obtain, store and administer people’s prescribed medicines to them. They said, “All of the staff are trained before they administer medicines. The system is very good here. The medicine supply boxes supplied by the pharmacy help us a lot. It is an effective system. I am not aware of any medication errors at all.” Other staff we spoke with confirmed to us that if they administered people’s medicines they had received training. We looked at two people’s medicines and their administration records. We saw that all of their prescribed medicines were available to them in line with their doctor’s instructions. We saw that they each had some ‘when required’ medicines prescribed to them. We found that most had guidance in place for staff to follow when these

Is the service safe?

were administered to people. However, we saw that one 'when required' medication did not have any written guidance in place. We discussed this with the team leader. They told us, "[Person's Name] has not needed the medicine for several years but we keep it just in case, in accordance with their GP's advice." The team leader then

explained to us how they would administer the medicine if needed. The registered manager acknowledged that written guidance should be in place in case the prescribed medicine was needed so that staff had the information available to them. They told us, "I will ensure 'when required' guidance is written for the medicine."

Is the service effective?

Our findings

All of the relatives told us that they felt their family member's needs were met by staff and staff had the skills they needed for their job roles. One relative told us, "I'm older now and can't get to the home, but the staff are great, they support [Person's Name] to visit me. [Person's Name] is always happy with the staff, they (staff) know them well and how to look after them." Another relative told us, "I am very happy because the staff team are stable, there are not many changes. This makes them more effective in their work because they know people very well."

Staff spoken with were able to explain to us about people's needs and how they supported them. From our observations we saw that staff knew people's needs. We saw that staff knew when to encourage, prompt or do something for someone. For example, we saw that the team leader encouraged one person to make their own cup of coffee so that their skills and independence were maintained. We saw that with another person they used a hand-over-hand support to add sugar to the person's drink and although the person could not independently undertake the task, the team leader involved them as far as possible. This showed us that they had a good knowledge about the people that they supported.

All staff spoken with told us that they had completed an induction and further training. Two of the four care staff told us that they needed to complete diabetes training. One said, "I may have done an on-line session in the past, but I can't really remember any detail. But, if I was concerned about [Person's Name] I would telephone the manager." We discussed one person's health care need with the team leader. They told us, "There is always a person on call for advice if needed. We have not encountered any difficulties to date." The registered manager told us that further diabetes awareness training would be booked for staff. Our observations showed us that, overall, staff had received the training they needed to effectively support people and further training was to be offered.

We asked the team leader about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Safeguards (DoLS). They told us that they had completed an on-line training session on this and said, "Three people have a DoLS in place. It is so we can keep them safe as they do not have the mental capacity, for example to understand the dangers of traffic on the road." Three of the four care staff were able to recall the information from their MCA and DoLS training and apply it to their job role and the people they supported. Staff explained to us how consent was gained on a day to day basis, such as supporting people with personal care tasks. One staff member told us, "I always explain what I am doing, such as when I am helping someone to have a bath." All of the care staff told us that if they were asked to give consent for a person, such as for dental treatment and the person could not consent themselves, they would telephone the registered manager for advice. The registered manager told us, and records confirmed that three people that lived there had either a DoLS in place, or a referral had been submitted to the Local Authority. This demonstrated the provider knew how to protect people's rights.

Staff told us that weekly meetings took place to plan the menu. We saw that pictorial images were available so that people could make choices. We observed that at lunchtime people were offered a choice of sandwich fillings. Both people told us that they "liked" the food at the home. The registered manager told us and records confirmed that risks, such as choking, and nutritional needs were identified. We saw that guidance was sought from healthcare professionals such as dieticians and speech and language therapists.

One person told us, "[Staff Name] took me to the dentist. My teeth are good." Staff told us, and we saw from care records, that other health and social care professionals were involved in meeting people's needs, such as a diabetic clinic nurses. During our visit, we saw that the team leader supported one person to attend a health care appointment. On their return, we observed them share the information about medicine dosage changes with the registered manager. This showed us that people were supported to access healthcare services and both verbal and written communication ensured people's needs were effectively shared with other staff.

Is the service caring?

Our findings

We asked people if they felt the staff were caring toward them. Two people nodded and smiled when asked, another person told us, “Yes” and a further person told us, “I like the staff. I like [Staff Name]. Go out together. Do baking together. Good.” Relatives spoken with all told us that they felt the staff were kind and caring. Our observations showed us that staff were attentive to people’s needs. We saw that staff interacted with people in a positive and inclusive way.

We saw that staff used their skills and knowledge to develop caring relationships with people that lived there. One person told us, “[Staff Name] is kind and helps me.” Another person showed us a photograph of themselves with a staff member and pointed at it smiling. The team leader explained to us what the event was and that the person had been supported by a staff member to fully participate and enjoy the event. The team leader told us that they shared the same faith as one person there. They showed us items representing the person’s faith were available to them. For example, we saw a wall hanging in their bedroom and clothing that they chose to wear at religious events.

Staff told us, and we saw, that pictorial images were available to enable people to express their views. The team leader told us, “Most staff have worked with the four people that live here for several years, so know the people well. We get to understand the non-verbal communication such as

gestures, sounds and behaviours and what the person is telling us.” We observed that staff responded to people’s non-verbal communication showing a caring approach to people.

People were supported to remain as independent as possible. We observed that one person handed a staff member their outdoor shoes. The staff member gently reminded the person that they were able to put them on themselves. We saw that the person smiled and then put on their own shoes. Another person told us, “I like to do the plates. I do the dishwasher.” We saw that a staff member was present in the kitchen with the person and discreetly observed the person undertaking the task of loading and later unloading the dishwasher. This promoted the independence of the person while staff were present to prompt the person if needed.

People’s privacy and dignity was maintained. Staff told us that they knocked on bedroom doors before entering which demonstrated their respect toward people. We saw that one person had left the bathroom door open while they were using the toilet. We saw that the team leader closed the door for them and informed the person what they were doing and said to the person this was so they had privacy.

Relatives spoken with told us that they could visit the home when they wanted to and had never experienced any restrictions. One relative told us, “There are no restrictions about visiting.” This meant that people were supported to maintain important relationships to them.

Is the service responsive?

Our findings

One person showed us their care plan. They told us and we saw that they had been involved in their plan of care. They said, “Look at the photos of me doing things. I like that.” We saw accessible pictorial formats had been used so that people, as far as possible, were involved in their plan of care. People’s relatives told us that they felt involved in their family member’s assessment and plan of care. One relative told us, “I always feel involved and staff always keep us, as a family, up to date with [Person’s Name]’s care.”

We looked at two people’s care records. We saw that assessments were carried out and their identified needs were in their care plan. The plans were person centred and detailed which assisted staff to deliver people’s care and support in a way they preferred and was responsive to their individual needs. Our observations showed us that the care provided was in accordance with the person’s care plan.

Staff told us they felt they had a good knowledge of the people that they supported. Our observations of staff interactions with people that lived there showed us that staff knew how to respond to people’s needs. On our arrival at the home, two people were eager to give us a physical hug. We saw that the team leader calmly encouraged the people to shake hands with us instead, which both people did. The registered manager explained to us that they and the staff team had been working toward appropriate greetings so that behaviours were not misunderstood or threatening toward other people, for example at events in the community. This showed us that staff were role modelling behaviours that would enable people to engage in their local community and lead a full life.

We observed that there was an emphasis on individual preferred daily routines so that people felt happy and were able to make choices on a day to day basis about, for example, how they spent their time. One staff member told us, “Not all of the people here like to have the same daily routine. During our visit we saw that two people were supported to go out for a walk in the park and have lunch out. We saw that another person chose to relax in the lounge and use their picture board screen. Another person told us, “I’ve been shopping with [Staff Name].” We saw that

they peeled potatoes in preparation for the meal later. They added, “I like to do baking. I like the garden. I like the swing.” We saw that people were able to go into the garden as they wished to.

There were close links with some families and relatives so that people were able to spend time with their family and attend religious celebrations if they wanted. The team leader told us, “One person will sign ‘Church’ when they wish to attend and a member of staff will take them. Another person is supported to attend a local Sikh Temple. We have staff of different faiths that can support people as needed.” The staff team reflected the ethnicity and diversity of the people that lived there.

We saw that the registered manager spent time with two people looking at the August 2015 Voyage Care Newsletter. The registered manager explained what activities they could take part in. We saw one staff member fetch a photo of a similar event last year to remind people about it. One person smiled at the photo and pointed at themselves. We asked them if they had enjoyed it and they told us, “Yes.” This showed us that people were supported to follow interests that were important to them.

The team leader told us, “Sometimes a family might not speak English as their first language, so staff language skills are used so that families can be fully involved and give feedback.” The registered manager explained to us that this had been useful during one person’s recent care review meeting, enabling the person and their family to be included.

One person told us, “I went to Spain. It was hot. I liked it.” The team leader explained that three people had enjoyed a holiday in July 2015. Another person had plans for an Autumn holiday. The team leader explained that although the Spain holiday had been successful, the staff had reflected about it and decided that it would, in the future, be more responsive to people’s needs for one person to go individually as they had expressed preferences to do different things when on holiday to the two other people. This meant that opportunities to learn and improve took place. The registered manager confirmed to us that staff had been listened to and learning had taken place.

Relatives spoken with told us that they were asked for feedback on a regular basis. One relative told us, “The manager sends out a form that we complete. But, they also speak with us when we visit and ask for feedback.” The

Is the service responsive?

registered manager showed us a 'smiley face' format so that people that lived there could give their views and feedback as far as possible. We saw that this was acted upon with an action plan.

Relatives told us that they had no complaints. One relative told us, "We have no complaints at all. If I had any concern, I know that I could speak with the staff or the manager. We are very happy with everything." Another relative told us,

"Any issues I've raised, the manager has always sorted things out. I have no concerns now. If I did, I'd tell them. I am happy with the care they give and how they respond to [Person's Name]'s needs." All of the relatives spoken with told us that they knew how to make a complaint if needed. The registered manager told us that one complaint had been received. We saw that the concerns had been addressed and fully resolved.

Is the service well-led?

Our findings

One staff member told us, “It is a good home to work at. There is good team work and everyone is supportive. I think we have an open culture, where we can discuss anything with each other and the manager.” All of the staff spoken with told us that they felt the registered manager created a positive culture at the home. One staff member told us, “I feel the manager would listen to me.” Staff told us that they felt they could report any errors to the registered manager and that these would be acted upon appropriately.

All of the relatives spoke highly of the registered manager. One relative told us, “The manager is good.” Another relative told us, “The manager has dealt with issues I raised. I feel they listen and sort things out.” During our visit we observed that the registered manager spent time with people that lived there and had an approach that included them in the day to day events at the home.

Staff told us that they had regular meetings and one to one supervision with the team leader or registered manager. One staff member told us, “We are always kept informed about what is happening.” Another staff member told us, “When I returned to work after leave, the registered manager gave me an update about the people here and any changes in their needs.”

We asked the registered manager about how peoples and their relatives’ views and feedback were used to influence the service they received. They told us that annual

feedback surveys were used. The registered manager explained to us that any positive or negative themes were identified and discussed with people and their relatives. We saw that an action plan was in place from these discussions which identified improvement areas.

Staff told us that the registered manager was always available to telephone if needed and generally spent two days a week at the home. The team leader told us that they, as well as the registered manager, completed informal spot checks on staff. They told us, “If I saw care staff doing something wrong I would tell them and also inform the manager if needed.” The registered manager confirmed to us that staff spot checks were informal and had not been documented. We discussed this with them and they agreed that it would be useful to record their daytime, evening and night spot checks and / or observed practices on staff.

All staff told us that they knew how to record any accidents or incidents that might occur. We saw that systems were in place for such recording and analysis. The registered manager told us that no accidents or incidents had occurred.

The provider had quality assurance processes in place. We saw that both the registered manager and operations manager completed a quarterly ‘compliance with regulations’ audit. We saw that where issues had been identified as needing action to be taken, action plans were in place so that improvements were made.