

Voyage 1 Limited

Sadlers Place

Inspection report

40 Rowland Street
Walsall

WS2 8SU

Tel : 01922611352
Website:

Date of inspection visit: 27 May 2015
Date of publication: 07/08/2015

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 unannounced inspection took place on 27 May 2015. At our last inspection on 3 May 2013 we found the provider was meeting the requirements of the regulations we inspected.

Sadlers Place is a residential home providing accommodation for up to nine younger adults with learning disabilities or autistic spectrum disorder, older people, physical disabilities and sensory impairment. At the time of our inspection nine people were living there. The home had 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 2008 and associated Regulations about how the service is run.

People told us that they felt safe at the home. We saw that the provider had systems in place to protect people

Summary of findings

from potential harm. People were supported by staff who understood how to protect people from abuse. Staff understood their responsibility to report issues of concern.

Risks to people had been assessed and appropriate equipment was available for staff to use. People received their medicines at the correct time and as prescribed. Medicines were managed, stored and administered safely.

People and their relatives told us there were enough staff to support people living at the home, which staff confirmed. The provider had safe processes in place to recruit new staff and carried out pre-employment checks. Staff completed an induction, received regular one to one meetings with their manager and had the skills and training they needed to meet peoples' needs.

Assessments of people's capacity to consent had been completed where necessary and records and decisions had been completed in people's best interest. The registered manager and staff understood their responsibility to protect people's rights.

People we spoke with were happy with the food and felt that they had a choice of what they would like to eat and drink. Healthy option meals were available for people to consider. People had access to healthcare professionals, such as doctors and speech and language teams, to ensure that their health care needs were met.

People told us staff were kind and caring in their approach. People and their relatives felt listened to and involved in developing a plan of their care needs. Staff understood people's choices and preferences and respected their dignity and privacy.

People were supported to maintain relationships. Relatives we spoke with said they were made to feel welcome when they visited the home. People were supported to maintain their interests and hobbies and were given the opportunity to participate in a variety of activities with others or individually.

People told us the home was well managed with an open positive culture. People said the management team was approachable and visible. People and their relatives felt comfortable to raise any concerns or complaints with the registered manager or staff team. The provider had a system in place to respond to people's complaints and concerns.

There were audit systems in place to monitor the quality of the service people received. There were regular checks of people's care plans, medicine administration, incident and accidents. There was evidence that learning and improvement took place from audits and changes were made to improve the home.

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 safe because staff understood their responsibilities to protect people from the risk of abuse. Risks to people were assessed and managed. Sufficient staff were recruited to provide care and support to people living at the home. People received their medicines as prescribed and appropriate systems were in place to store and dispose of medicines safely.

Good



Is the service effective?

The service was effective.

People received the care and support they required by staff that had the skills and training to meet people's needs. People were supported to make their own decisions and choices. Staff understood their responsibility to protect people's rights. People's nutritional needs had been assessed and they were supported to have enough to eat and drink. People had access to healthcare professionals as required to meet their health needs.

Good



Is the service caring?

The service was caring.

People told us they were treated with kindness and respect. We saw staff knew people well and what was important in their lives. People and their families were involved in making decisions about their care and support needs. Relatives and visitors were made to feel welcome at the home.

Good



Is the service responsive?

The service was responsive.

People received care and support that was personalised and reflected how people liked their care to be provided. People were supported to access a wide range of interests and hobbies both within the home and community. The provider had a complaints procedure which people knew how to access to raise a concern or complaint if they needed to.

Good



Is the service well-led?

The service is well-led.

People said the registered manager was friendly and approachable. Staff were provided with guidance from the managers and were confident in their practice. The registered manager encouraged and motivated staff to provide good quality care. The provider's quality monitoring systems identified risks to people's health and welfare so changes could be made.

Good



Sadlers Place

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 unannounced inspection took place on 27 May 2015. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. We reviewed the information we held about the home and looked at the notifications they had sent us. This included notifications received from the provider which they are required to send us by law. We contacted the local authority to gain their views about the quality of the service provided. We used this information to help us plan the inspection of the home.

During the inspection, we spoke with four people who lived at the home and two relatives. We spoke with four members of staff, the registered manager and the deputy manager.

We looked at the care and medicine records for two people to see how their care and treatment was planned and delivered. We also looked at two staff recruitment and training files and records relating to the management of the home and a selection of policies to ensure people received a quality service.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who live at the home. We used this because some people living at the home were not able to tell us in detail what it was like to live there. We also used it to record and analyse how people spent their time and how effective staff interactions were with the people living at the home.

Is the service safe?

Our findings

People who lived at the home told us that they felt safe with the staff that supported them. One person told us, “There’s always staff here to protect us.” All of the relatives we spoke with told us they were confident their family member was safe at the home and not at risk of abuse. One relative told us, “Safety is our priority and clearly it’s theirs as well.”

Staff we spoke with were able to tell us what they understood by keeping people safe; they were able to explain the different types of potential abuse and how they would respond to protect people from harm. One staff member said, “I would report any concerns to the manager or I would contact the safeguarding team the number is displayed in the office.” Staff told us they had completed training in protecting people from harm and discussed it at team meetings. We asked staff how they would recognise signs of abuse for people who could not verbally communicate with others. Another member of staff told us, “I would be able to tell if something was not right with a person, I would be able to tell by their gestures or change of mood.” We looked at records and saw that where incidents had occurred concerning people’s safety the registered manager completed notifications and the records we looked at showed that staff followed the provider’s procedure to protect people from abuse.

People we spoke with confirmed that they were involved in completing their risk assessments and how their risks were managed. Staff we spoke with understood how to support people where there were risks identified such as supporting people with epilepsy. One staff member told us, “We know people here really well and we will see if their needs change and update their risk assessment.” We looked at risk assessments in people’s care records and saw that support was being provided as directed. We saw that information had been updated and reviewed regularly to ensure the provider continued to meet people’s needs. For example, we saw a risk assessment for a person who administered their own medicines. We saw information had been updated following an incident of missed medicines. We saw staff were given guidance when and how to prompt this person to take their medicines.

Staff told us that safety checks of the premises and equipment were completed and records we saw confirmed checks were up to date. Staff knew what action they were

required to take because procedures had been put in place by the provider to safeguard people in the event of an emergency such as a fire or medical event. All incidents, accidents and falls were recorded in detail and reported appropriately by staff to the registered manager. We saw that the registered manager analysed accidents and falls and took action to minimise the risk of a re-occurrence. For example, a person was referred to their doctor following a couple of falls and staff undertook falls awareness training.

One person we spoke with told us there was always enough staff available at the home. They told us, “There are enough staff here I don’t wait.” Another person told us that they never had to wait for help and were not aware that anyone else did either. We observed that staff were able to spend time with people such as supporting people with activities or talking to people. One staff member we spoke with told us, “Staffing is sufficient to meet people’s needs, staff are good here at picking up shifts if needed.” Another staff member told us, “I feel that there is just enough staff we can meet people’s needs.” A staffing and dependency tool had been completed which assessed the number of staff hours required. The registered manager told us numbers of staff varied sometimes on a day to day basis to meet people’s needs or to cater for activities that people may have planned. We saw that there were sufficient staff on duty to assist people with their care and support needs throughout the day.

We looked at the recruitment processes for new staff and saw that the provider had systems in place that ensured staff were recruited with the right skills and knowledge to support people living at the home. Staff told us that people living at the home were involved in the interview process. We spoke with one person who lived at the home who told us, “I have a list of questions and I am involved in the scoring it is good that people are part of the interviews for staff.” Staff told us they had pre-employment checks completed before they started work at the home, including a Disclosure and Barring Service check (DBS) and reference checks. DBS checks help employers reduce the risk of employing unsuitable staff.

People told us staff supported them to take their medicines when required. We observed staff supported people to take their medicines safely. For example, we observed a staff member stay with a person whilst they took their medicine. We looked at two medicine administration records (MAR) charts and saw that these had been completed correctly.

Is the service safe?

Some people had medicines that they took only when required. We saw that there was guidance in place to

support staff in the administration of these. We saw that medicines were stored securely at all times and the registered manager checked medicines regularly to ensure that they were stored, administered and disposed of safely.

Is the service effective?

Our findings

People and their relatives were all complimentary about the staff. People told us they thought that staff were well trained and knowledgeable about how to support people's needs. One person told us that they felt staff were trained because they knew how to support their needs while transferring into and out of bed. We observed staff knew people well and supported them appropriately with their physical and social needs. Staff we spoke with told us about people's individual communication methods and what these interactions generally meant. For example, these included descriptions of sounds and body language that people used.

We spoke with staff who told us they were supported by the management team to develop their skills to meet people's needs. Staff members we spoke with told us that when they started in their roles they completed an induction which involved shadowing experienced members of staff. Staff told us they were provided with a mentor who they worked alongside and who provided support and guidance during their probationary period. Staff told us they received ongoing support from the management team and had regular one to one meetings and staff meetings. One staff member told us, "I feel really supported by the managers and the staff." Staff told us they received regular training in areas that were appropriate to the people they cared for. For example, staff we spoke with told us they had received specialist training in supporting people to receive a nutritious diet. One member of staff told us, "Training is good here and the manager is good at allocating time to staff for training to be completed."

People were supported by staff to maintain their rights to make their own choices and decisions as far as possible. People we spoke with told us that staff sought their consent before providing care or support. One person told us, "They speak to me first and ask if they can help." All the staff we spoke with told us they would ask for verbal consent from people before providing care. For example, we observed one staff member ask a person if they could support them with their personal needs. Where possible, people or their representatives had signed the care plan to indicate that they agreed with the planned care. We saw

that some people may not have the capacity to consent or contribute to decisions about their care. We saw that mental capacity assessments had been completed and a decision to provide care in a person's best interest had been completed in line with the Mental Capacity Act 2005 (MCA) code of practice. We saw that the registered manager had submitted appropriate Deprivation of Liberty (DoLS) applications to the local authority where necessary and had complied with the law to ensure people's rights were protected. DoLS requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe.

We observed that people were supported to have sufficient to eat and drink and saw staff offer a choice of drinks to people at different times of the day. One relative described the food as "good and varied." This relative told us staff encouraged people to choose the healthy options available on the menu. We saw that people were involved in weekly meetings to decide the menu for the following week. We saw that pictures of food were available to help people decide which meal they wanted to eat. People told us that if they did not want to eat what was on the menu an alternative choice of meal was offered. We saw that the provider used a nutrition risk assessment to regularly monitor people's weight. We saw where appropriate people's food or fluid was monitored. Where necessary and where people's needs changed, appropriate referrals were made to healthcare professionals, such as the speech and language therapist (SALT). We saw plans were in place which ensured people received the necessary care.

People told us they were supported to access health services such as their doctor or dentist when required. One person told us, "Staff make my appointments when necessary." One relative told us that staff always let them know if they had any concerns about their family member and made referrals where needed. We looked at two people's health care folders and saw that staff kept records of health professional visits and their advice. For example, we saw evidence of advice being recorded from people's doctors, dentists and chiropodists. We saw staff followed guidance on what action they would need to take in order to meet people's individual health needs.

Is the service caring?

Our findings

People that lived at the home spoke positively about the staff. One person told us staff are “Really caring and really kind.” Another person told us, “I love it here, everyone is very caring.” We saw that staff supported people in a kind and respectful manner. For example, we observed one staff member sitting with a person and offering encouragement with eating their meal. We observed staff interactions with people were warm and friendly. We saw that staff took every opportunity to engage with people and took an interest in what people were doing. Relatives we spoke with told us staff were kind and approachable.

We saw that people were allocated a key worker, one person told us, “I know who my key worker is” and “They help support me.” Another person said, “I can always talk to my keyworker.” Staff told us, keyworkers were allocated to people to ensure consistency of care and be a point of contact for families. Staff we spoke with were able to tell us about people’s individual needs, likes and dislikes. Staff told us that they worked closely with people they supported and their families to ensure they cared for the person in a way that was personal to them. We spoke with one person who had a ‘fun’ name on their bedroom door. When asked about this they told us that they ‘loved it’ and it was a name used by their family. We asked what name they preferred being used and they confirmed staff call me “[three names] which are all names I like.”

We saw that staff respected and supported people’s choices. One person told us they chose what time they got up and went to bed. Another person told us staff supported them to choose what clothes they wore. Two people showed us their bedrooms we saw that rooms were decorated to reflect people’s interests and tastes and had various personal effects. One person told us their room was decorated “Exactly as I wished.” Both people told us they had chosen everything themselves.

We saw that people had access to independent advocacy services if requested. Information was on display in the home, although no one was currently being supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes.

People told us they were supported to maintain their independence as much as possible. One person told us staff, “Encourage you to do all you can for yourself but are always ready to step in if you can’t do something, they won’t leave you to just get on with it.” Staff told us that people were encouraged to be as independent as possible. For example, we saw people had appropriate cutlery and aids to help promote their independence. People told us and we saw that dignity and privacy were promoted and respected by staff. One person told us, “Staff ask before they come into my room.” Staff we spoke with had a good understanding of how to promote people’s dignity and respect their choices. For example, we observed one member of staff talk discreetly to a person about their medicines.

People were supported to maintain relationships with family members and friends. People told us that visitors were welcomed and could visit throughout the day. People said they could see their visitors in the privacy of their own rooms if they wished. One person told us about ‘protected meals times’ which people at the home had suggested and had been agreed. We spoke with one relative who said they had been informed that they could not visit during mealtimes. This relative told us they ‘totally agreed with it’ as they felt it was important that people could eat their meals without interruption. They said, “It’s a real home from home for us to, we love coming here not only to see [person’s name], but because we’re made to feel part of the family.”

Is the service responsive?

Our findings

People told us they were involved in all aspects of their own care and support planning. One person told us, “Staff involve me.” This person told us that staff had listened and responded to their request to attend a staff training session, arranged to show staff how to administer a particular medicine to this person. All the people we spoke with told us they had been involved in the planning and review of their care needs. Relatives we spoke with confirmed that staff involved them where possible in their relatives care plan and kept them informed of any changes. We saw that where possible people or their representatives signed care plans to confirm that they had discussed and agreed how they would be cared for. We saw staff had signed records to confirm that they had read and understood how to support a person’s needs.

We saw that people’s choices and preferences had been taken into account in the planning of their care. For example, Information was completed about ‘a typical day’ and ‘what’s important to me’. Staff we spoke with were able to explain how people liked to be supported. Staff knew the daily routines people enjoyed and ensured people were supported in line with their wishes.

Staff told us they completed a ‘daily planner’ which was signed by staff at each shift change. This contained information such as concerns or appointments a person had attended. It also contained any actions that had been taken or was required. Staff told us and we saw this information was used to update care plans and risk assessments. For example, changes in healthcare needs.

People told us that they were supported to participate in a wide range of hobbies and interests. We saw that there was a wide variety of activities available each day based on what people said they liked doing. For example, one person told us they liked art and crafts and they showed us samples of their work which were on display in the home. Another person told us they had recently attended a music concert with people and staff from the home. We saw that people were supported with interests which were important to them. One person told us about poetry they

had written and how they were entered into a competition and had “Won through to the final.” We saw that staff had supported this person getting their poetry printed into a small book.

During our inspection we saw a group of people participating in karaoke, we spoke with one person who told us, “It’s fun I like this.” We saw that the home had a small sensory room which people told us they enjoyed using. We saw that the activities room had a large mural made from dozens of photographs of people and staff engaged in past activities, holidays and outings. People we spoke with enjoyed talking to us about the different activities which had been arranged by the activities co-ordinator. One person told us about a visit from an outside entertainer who “Brought small animals to the home for people to hold and learn about.” Staff told us holidays were planned around people’s likes and dislikes. One person told us about their trip to Disneyland Paris which was enjoyed by people living at the home.

People told us they were able to raise any concerns with the staff and were confident their concerns would be addressed. People told us that their views were taken into account and they were listened to. Some people at the home would be unlikely to be able to make a complaint due to their level of understanding and communication needs. Staff told us how people would communicate if they were unhappy. Staff told us they would observe people’s behaviour or body language to know if they were unhappy. We looked at records and saw that any complaints received had been recorded, investigated and responded to appropriately. Staff told us that if they received any comments or concerns they would pass the information to the registered manager. We saw that information was available to people in an easy read format and information on how to complain was on display in the home. We saw that a suggestion box was available in the reception area of the home which had user friendly signage to encourage use. We asked whether people used this facility and were told ‘occasionally’. We were told the box could only be opened by an ‘off site’ operations manager who would feedback any issues to the registered manager.

Is the service well-led?

Our findings

All the people we spoke with told us the home was friendly and welcoming. People told us they felt involved in the home and that their opinions mattered. Everyone we spoke with knew who the managers were and told us that they could speak with them whenever they wished. One person told us, “It’s absolutely brilliant here.” A relative told us their family member “Loves it here because it’s so fantastic.” One staff member told us, “The managers are always available to support and they are very approachable.” Another staff member told us, “I love it here it’s like a second family, the atmosphere is really great and everyone gets on.”

There was a registered manager in post who managed the home on a day to day basis. We spoke with the registered manager and they demonstrated good knowledge of all aspects of the home including the needs of the people living there, staff members and their responsibilities as a registered manager. The provider has a history of meeting legal requirements and notifying us about events that they were required to do so by law.

Staff told us the management team were approachable and “always available to provide advice and guidance.” All staff we spoke with talked positively about the leadership of the home. One staff member said, “The managers are very easy to approach and I can go to them about anything and if needed they will always help out.” Staff felt confident that any concerns would be listened to and issues would be dealt with appropriately. Staff members told us they were aware of the provider’s whistleblowing policy and would be confident in using this if needed. Whistle blowing means raising a concern about wrong doing within an organisation. Staff told us that they attended regular meetings with the registered manager or deputy manager

to address any areas of concern or issues that were relevant to their roles and responsibilities such as staff rotas. Staff told us minutes were produced from each meeting and were made available to all staff.

People we spoke with told us regular meetings took place between people living at the home and staff members to discuss any concerns or improvements to the home. One person told us they had been invited to attend a staff meeting to remind staff about the forthcoming ‘protected meal times’. The deputy manager told us that a regular invite would be made available in future for different people to attend staff meetings. Relatives told us that staff kept them well informed about any issue regarding their family member or events at the home. We saw that surveys had been completed requesting feedback from relatives, staff and healthcare professionals. We saw areas that required improvement were being addressed and people were satisfied with the service provided. For example, change of menu to ensure nutritional and well balanced meals are offered to people living in the home.

The provider had systems in place which ensured the effective running of the home. We saw that the provider carried out quarterly audits of the home. These included medicines, health and safety and care plan audits. We saw that the registered manager analysed information to see if any trends or patterns were developing. Information was used to develop plans to improve the service provided to people living at the home. Staff we spoke with told us the registered manager informed them of any improvements or action that were needed to address any concerns raised. We looked at minutes from staff meetings and saw that information was shared with staff and staff were involved in taking actions to address concerns. For example, staff were updating people’s personal belongings inventories.