

Voyage 1 Limited

183 Ashby Road

Inspection report

183 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 183 Ashby Rd on 18 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 up to five people with learning disabilities. At the time of the inspection there were four people living there.

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 told us that they were supported to keep safe. We saw that medicine was administered and managed safely, including medicines that were used 'as required' to manage behaviours that put the person and others at risk. Risk was assessed and managed so that people could be supported safely to live active lives. There were sufficient staff employed to ensure that people could do this safely. People were supported to make choices about their lives and were central to plans that were devised to assist them to do this. Plans were reviewed regularly with people and at least annually with people who were important to them.

The staff team understood the Mental Capacity Act 2005 and were able to explain how people's capacity had been assessed and how they supported them in line with this. They were aware of the principles of the Deprivation of Liberty Safeguards and this had been applied within the home to protect people's human rights.

People were supported by staff who had training and line management to provide an effective service. Learning was planned for each member of staff individually and staff reported that it helped them to understand how to support people better. Staff were knowledgeable about protecting people from abuse and knew how to report any concerns. They had their competency checked by senior staff, for example in administering medicines. Safe recruitment procedures were followed when employing new staff.

People were encouraged to develop independence skills and this included planning for and cooking nutritious meals. They were also assisted to lead healthy lives and to access healthcare services when required. People told us that staff were good at respecting their privacy.

Staff developed caring, respectful relationships with people. People were asked if they were happy with their support on a regular basis and they were confident that if they wished to complain they would be listened to. Their views, and the feedback from important people in their lives, were used to improve the service. We saw that quality checks were in place to audit the effectiveness of the service. People and their relatives told us that the registered manager had made improvements at the home. They said that they were approachable and supportive.

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.

Staff knew how to keep people safe from harm and how to report any concerns that they had. They managed risk with people so that they could safely pursue interests and there were sufficient staff to ensure that they were supported safely. Safe recruitment procedures had been followed when employing new staff. People were supported to take their medicines safely.

Is the service effective?

Good ●

This service was effective

Staff received training and line management to enable them to work with people effectively. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good ●

This service was caring.

People had developed respectful, caring relationships with the staff that supported them. They were involved in making choices about their lives. Information was adapted to make sure that it was understood by everyone who lived there. Peoples' privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People were included in developing plans about how they should be supported. They were encouraged to develop independence skills and to pursue interests and hobbies. They were confident that any concerns that they had would be resolved.

Is the service well-led?

Good ●

This service was well led

There was an open inclusive culture. The staff team felt well supported and understood their responsibilities. Quality checks were in place to continuously improve the service.

183 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 18 November 2015. On this occasion 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 four people who lived at the home and with one relative about their experience of the service. We spoke with five members of staff; including three support workers, one senior carer and the registered manager.

We observed how staff interacted with people who used the service and looked at two 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. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People we spoke with told us that they felt safe in their home. One person said, "We are well looked after and kept safe here". Staff we spoke with understood their responsibilities to keep people safe. One person said, "We have training in safeguarding and I know that if I needed to report out of this organisation then there is list of local safeguard contacts on the wall". We observed a new member of staff completing on line safeguarding training as part of their induction. Records demonstrated that the registered manager had made referrals to the local authority safeguarding team when needed. We saw that they had organised an urgent meeting to discuss an increase in incidents so that there would be a multi-disciplinary approach to resolving the situation. The registered manager said, "I want to be certain that the service is safe for the people who live here". This meant that the people who lived at the home were protected from abuse that may breach their human rights.

We saw that there were arrangements in place to manage risk and that people were involved in making decisions around this. One person said, "If I am going out I will tell staff where I am going. I will phone to let them know if I am going to be late, it's only fair". We saw that people had plans in place to support them to manage behaviour that may be a risk to them or others. We observed one person being supported by a member of staff to manage their behaviour, through distraction and by creating a calm environment. They were then supported to partake in an activity that gave them some space. We saw that this approach matched the guidance that staff were given in the person's plan. A staff member that we spoke with confirmed that they were trained to follow the plan so that the person received consistent support. Another person who lived at the home also understood how to protect themselves and others in this situation. They said, "It has been explained to me that I should move away. It is a good team, everyone does the same".

There were sufficient staff on shift to ensure that people could do the activities that they had planned. For example, we saw that two staff supported someone to go out to a park. This staffing ratio was in line with the records that we saw for managing risk in different situations. Records that we reviewed evidenced that safe recruitment procedures had been followed. Staff confirmed that they had their references checked and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. This demonstrated the staff were recruited as required and staffing levels were assessed around individuals' needs.

People told us and we saw that medicines were managed safely. One person said, "I am supported to take my medicine. We read it out and pop it and then count them and then when I have taken them my support worker signs it off". People were encouraged to be as independent as possible with their medicines. For example, we saw that one person had a body map drawn to help them to know where to apply a topical cream. We saw that people understood what their medicine was for. One person asked for some painkillers for a headache and was supported to take them. A member of staff explained how they monitored this medicine that was taken 'as required'. They said, "They don't ask for it a lot. When they were using it more we saw the GP and an additional prescription was made". We saw that one person had medicine as part of their plan to manage behaviours that could be a risk to them or others. The plan we reviewed stated that it was taken as the last resort. There were clear protocols in place around authorisation and reporting to

ensure that it was not used excessively. We reviewed records that confirmed that these were adhered to so that behaviour was not inappropriately controlled with medicine.

Staff told us that they had training to support people with their medicines. One member of staff that we spoke with said, "I was observed administering medicines until I felt comfortable. If I am not sure what medicine is for I will look it up". Another staff member said, "I am quite new so I don't do medication because I am not trained yet". There were protocols in place to manage the handover of medicines when someone spent time away from the home. A relative said, "Medication is always ready when we collect them. I take a form home and sign it". Our observations and the records we reviewed confirmed that there were effective systems in place to record and store medicines and protect people from the risks associated with them.

Is the service effective?

Our findings

People told us that they felt well supported by staff. One person said, "They know what they are doing". Staff that we spoke with told us that they were equipped to do their job through training and line management support. One member of staff said, "Training extends your knowledge and you can bring it back to the workplace. I enjoyed autism training because it helped me to understand behaviours". Learning was individualised, for example, we saw that senior staff had training in supervisory skills and in assessing competence in administering medication so that they could take responsibility for training staff. New staff were supported into their role through a combination of training and shadowing. One member of staff told us, "Induction was a week of e- learning and then shadowing until I was able to say that I was ready". Staff told us that the mentoring that they received from senior staff helped them to develop their skills. One member of staff described how the support that they were given after an incident helped them to understand the triggers and to avoid them in future. We saw a senior member of staff writing a positive observation of staff. They said, "We write good things that we have seen so that we can share it with staff. It is good for morale".

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.

We reviewed records and saw that people's ability to make decisions for themselves was taken into account across all aspects of their lives. We observed this in practise with some people making decisions, for example, to go out independently. Staff that we spoke with had an understanding of mental capacity and the results of any best interest decisions for people that they supported.

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 are authorisations to deprive a person of their liberty were being met.

Three people had their liberty legally restricted. We saw that DoLS had been granted and that staff were knowledgeable about them and how to support people in line with them. They were cross referenced with other care records that we reviewed. This included defining how restraint could be legally used and how it should be authorised and recorded.

We saw that people were supported to maintain a balanced diet. One member of staff that we spoke with said, "I went on a dietician course, it was really good and gave us ideas for helping with healthy eating". One person said, "Staff supported me to understand a nutrition sheet from the doctors". Another person told us about their diet and how they had been supported to lose weight.

People told us that they were supported to access healthcare services when they needed to. One person said, "Staff sort out all of my health. I needed to see a specialist and they organised it". A relative said, "They are very good at sorting out health appointments". Records confirmed that people attended regular check-ups with healthcare professionals.

Is the service caring?

Our findings

We saw positive caring relationships between staff and the people that they supported. One person told us that staff were, "Amazing", another person smiled and demonstrated affection through touch. People told us that they felt important. For example, one person described how a noticeboard in the hall had been replaced with photographs of people who lived there. They showed it to us and said, "It's a much better idea to have photos". One person we spoke with said, "Staff are appropriate but treat us like friends". One member of staff was leaving and they had arranged to spend a full day with each person doing something of their choice. People told us that they had enjoyed going shopping, eating out and doing craft activities together. A relative told us that they were always welcome to visit. One person told us about an open day that everyone who lived at the home had helped to organise. People invited friends and relatives to the party. The person said, "It was a great day. Everyone pulled together".

We saw that people were involved in making decisions about their care. Members of staff asked people when they would like to go out, what they would like to cook and who they would like to support them. We saw that communication systems were altered to ensure that they were accessible for people. For example we saw a weekly planner with photos of staff against each activity so that the person would know who would be supporting them. We also observed that staff adapted how they spoke with people so that the person could understand. In situations where people found it difficult to speak up for themselves they had been supported by an advocate. An advocate is a person who is independent of the home and who supports a person to share their views and wishes.

People told us that their privacy and dignity was respected. One person said, "Staff knock on door. If I say you can't come in then they don't". Another person told us, "Dignity and respect is important. If I ask to be woken up at 7 am then staff will knock". We observed staff speak with people discreetly about personal matters. This demonstrated the staff were sensitive to people's individual needs.

Is the service responsive?

Our findings

People we spoke with told us that they were included in planning their care and support. One person said, "I have a set amount of one to one hours that I use to do stuff, like food shopping. I can choose which member of staff I want to support me. I can also save them to have a full day to do something special if I want to". We saw that people had weekly keyworker meetings to plan what support they needed and what they wanted to do. A keyworker is a member of staff who takes additional responsibility for one named person.

We saw that the people who lived at the home also had a weekly residents meeting. The registered manager said, "Staff and people who live here plan the week together to make sure that everyone gets the right support for them to do what they want. Then I can plan the staff support needed to achieve it". This showed that staff worked in partnership with people.

People told us that they were supported to follow their interests and take part in activities. One person told us that they liked films and said, "I go to the cinema every week". We saw that another person had internet orders delivered to pursue their hobby. They said, "I am getting ready for Christmas fairs". We saw that people attended activities that were not only for people with disabilities. For example, people went to work and played for a rugby club. One person said, "I like to keep busy and I do some volunteering and some courses". A relative we spoke with said, "The staff are very good and keep them active".

We saw that people were encouraged by staff to become more independent. We saw one person cooking the evening meal and they said, "I really like cooking for everyone". The registered manager told us, "Each person has additional support on one day to develop their independent skills. On this day they plan a meal for everyone and cook it". Records we looked at showed us that people had plans in place so that their staff knew how to support them. These plans were monitored and each person had an annual review of them. People who were important to them were included. One relative confirmed, "I am involved in reviews".

People told us that they knew how to raise a concern and felt that they would be listened to. One person said, "150% if I bring something up with the manager, they will sort it out". A relative told us that they spoke to the staff team regularly and anything that they raised was usually resolved promptly. The provider had a complaints policy which was displayed in a communal area. We saw that when complaints were made they had responded to them and recorded the outcome and the learning from them.

Is the service well-led?

Our findings

People we spoke with said that they talked to the registered manager about things that they wanted improved. One person said, "Since the new manager has taken over there has been a vast improvement. They always find time to come and sit with us and listen to any problems". Records that we reviewed demonstrated that peoples' feedback had an impact on service development. For example, one person wanted more information about how their money was managed and they now spend time with their keyworker planning their finances. One relative that we spoke with said, "They send me questionnaires and I have raised communication as an issue". The registered manager responded to this; they explained, "We set up a communication log to record contact and to make sure that we speak weekly".

Staff we spoke with felt that they had an input into the development of the service. One member of staff said, "Team meetings are once a month. It is an open culture and everyone is listened to". Another said, "The registered manager is really supportive and the service has blossomed, everyone feels more of a team". Staff that we spoke with felt that they could raise concerns with the registered manager. One said, "They are very approachable. I have not had to complain but know that I could speak to them in confidence".

We saw that staff were supported to understand their responsibilities. Staff members that we spoke with told us that they had regular supervisions and conversations with the registered manager. One member of staff said, "We had a meeting after an incident and I felt personally supported". We saw that there was three senior staff who had nominated responsibilities; for example, one had responsibility for checking people's finances. One member of staff told us, "This helped us to develop some expertise".

Staff and relatives that we spoke with told us that there had been an improvement in the service. One relative said, "On the whole things are more consistent than they have been in the past, I think there's progress being made". A member of staff said, "Since the registered manager has come there has been a definite improvement". 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.

We saw that quality checks were made and that actions were taken as a result of audits. Any concerns with quality informed the registered manager's action plan and was followed up by them. For example we saw that it was noticed that outcomes were not recorded on complaints. This has since been amended and updated. We saw that accidents and incidents were analysed weekly by the provider's central quality team. This included any use of medication that controls behaviour. This information was used to improve quality and to ensure that the registered manager had the support they needed to make the improvements necessary. For example, we saw that a behavioural therapist employed by the provider was able to give specialist support to the team.