

Voyage 1 Limited

Voyage (DCA) Birmingham

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

Our inspection took place on 15 December 2014.

The provider is registered to provide personal care. The provider was offering a 'Supported Living service.' The four people who used the service were being supported by staff 24 hours a day. They lived in two houses within the community.

A manager was registered with us as is required by law. 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.

This was our first inspection of this service as they were only registered with us in March 2014.

People told us that they felt safe. We saw that there were systems in place to protect people from the risk abuse.

Summary of findings

People told us that they were happy with the meals on offer. We saw that people were supported to have a nourishing diet and drinks were offered throughout the day so that they were less at risk of dehydration.

Staffing levels were sufficient so that people would be safe and their needs were met in the way that they wanted them to be.

People and their relatives described the staff as being kind and caring and our observations showed that they were.

We saw that interactions between staff and the people who used the service were positive in that staff were kind, polite and helpful to people.

We found that that people received care in line with their best interests. Staff gave us an account of what Deprivation of Liberty Safeguarding (DoLS) meant and what they should do if they identified any DoLS issues.

Staff told us that they were provided with the training that they required. This ensured that they had the skills and knowledge to provide safe and appropriate support to people. Staff also told us that were adequately supported in their job roles.

We found that a complaints system was available for people to use. This meant that people and their relatives could state their concerns and dissatisfaction and issues would be looked into.

People told us that they felt that the service was run in their best interests.

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.

Medicines were managed to a safe standard which prevented people being placed at the risk of ill health.

Recruitment systems were in place to prevent the employment of unsuitable staff.

Systems were in place to minimise the risk of people being abused.

Good



Is the service effective?

The service was effective.

The registered manager and staff were fully aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS). They knew that regarding supported living services any DoLS referral would have to be made to and approved by the court of protection.

People told us that they were happy regarding the meals and meal choices on offer.

Staff were trained and supported appropriately to enable them to carry out their job roles.

Good



Is the service caring?

The service was caring.

People and their relatives described the staff as being kind and caring and we saw that they were.

People's dignity and privacy were promoted and maintained.

Staff ensured that people dressed in the way that they preferred and that they were supported to express their individuality.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed regularly and care plans were updated where there was a change to people's needs wishes and preferences.

The provider ensured that staff were responsive to people's preferences regarding the gender of staff who provided support and religious observance needs.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

Good



Is the service well-led?

The service was well-led.

The registered manager knew they were legally accountable on a day to day basis to provide a service that met people's needs and keep them safe.

Staff told us that they felt supported. Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Good



Summary of findings

Audit systems were in use to ensure that the service was safe and being run in the best interests of the people who used it.

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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.

One inspector carried out this inspection. The provider was given 48 hours notice because the service provides support for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as

notifications. No incidents had occurred that required a notification at the time of our inspection. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection we met with all of the people who used the service and spoke with two of them. We also spoke with five staff and the registered manager. Following our inspection we spoke with three of the people's friends or relatives by telephone. We spent time in communal areas observing daily routines and the interactions between staff and the people who used the service. We looked at the care files for three people and recruitment records for two staff.

Is the service safe?

Our findings

All of the staff and relatives we spoke with told us that the people who used the service were safe. One staff member said, “The people who use the service are safe. The staff make sure that they are”. A relative told us, “I have no concerns. I know they are well looked after and are safe”.

We looked at what arrangements the provider had in place for safe management of medicines. We found that safe storage was provided in each person’s bedroom and that is where their individual medicine and medicine records were kept. People who used the service could have the opportunity to manage their own medicine if they wanted to and had been assessed to do so. Two people we spoke with indicated that they wanted staff to give them their medicine. With their permission we looked in detail at medicine administration records for two people. We found that those records were being maintained by staff as they should be. Records of medicines administered confirmed that people had received their medicines as they had been prescribed by their doctor to promote good health. We found that medicines were being stored securely. We saw from records and staff told us that medicines were being stored at the correct temperature and so would be effective. Records we looked at, the registered manager, and all staff we spoke with confirmed that only staff who had received medicine training and had been assessed as being competent were allowed to manage and administer medicine. This decreased the risk of medicine error and ill health to the people who used the service.

We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who used the service. Staff we spoke with and records that we looked at showed that there had been no falls, incidents or concerns. This showed that the systems in place prevented the risk of untoward events and injury to the people who used the service.

Staff and relatives told us that the people who used the service were protected from harm and abuse. A relative

told us, “When they [their family member] have been to stay with me they are always happy to go back there. That gives me confidence.” Our observations showed that the people who used the service were very much at ease with the staff. We saw that they asked staff questions, chatted to them and smiled. All staff we spoke with told us that they had received training and regular updates in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. Staff told us that they felt confident that they could raise concerns about people with the registered manager that they would be acted upon. This showed that there were robust processes in place that staff understood, in order to protect the people who used the service from abuse.

Staff and management told us that staffing levels were sufficient to meet people’s needs. The registered manager told us that staffing numbers at times were higher than they should be. Staff told us and records we looked at confirmed that staffing levels allowed people to go out when they wanted to and provide flexible support in the way that people wanted it to be provided. People we spoke with confirmed that this was correct. We found that effective systems were in place to cover staff leave. The provider had employed staff who could be called upon if for example, permanent staff phoned in sick. This meant that staffing levels would be maintained to ensure that the people who used the service were cared for appropriately by staff they were familiar with.

No new staff had recently been employed as they had been transferred from a previous employer or had worked for the provider for some time. To ensure that safe recruitment systems were in place we asked the registered manager what processes they would follow if they did employ new staff. The registered manager confirmed that checks would be carried out which would include the obtaining of references and checks with the Disclosure and Barring Service (DBS). This gave assurance that only suitable staff would be employed to work for the service which decreased the risk of harm to the people who used it.

Is the service effective?

Our findings

People and relatives told us that in their view the service provided was effective. One person said, “I like it”. A relative said, “They are looked after well”. Another relative said, “They [the person’s name] comes back home regularly. When it is time for them to go back they are always happy to do so. That speaks for itself”. Staff we spoke with told us in their view they provided a good service to people. One staff member said, “We really care for the people here”.

Training ensured that staff had the knowledge to look after people appropriately and safely. One person said, “The staff are good”. A relative said, “I have no concerns about the staff at all”. All staff we spoke with confirmed that they had received training in a range of areas and that they felt competent to carry out their role. All staff we spoke with told us that they received both formal and informal day to day supervision support and guidance. We saw from records that supervision, appraisal and induction processes were in place which was confirmed what staff had told us.

Staff and relatives told us that non-restrictive practice was promoted. One person who used the service said, “I go out”. All staff we spoke with told us that no person’s daily routine or preferred lifestyle was restricted. We saw that an assessment had been undertaken for people to determine their mental capacity. Where it was determined that a person lacked capacity staff involved family members or healthcare care professionals to ensure that decisions that needed to be made were in the persons best interest. The relatives we spoke with told us that they or their family member were given the opportunity to consent to or refuse care and this was also confirmed by the staff we spoke with. We saw that staff gave an explanation to people before they took them out into the community or undertook tasks. Deprivation of Liberty Safeguarding (DoLS) is a legal framework that may need to be applied to people in some care settings who lack capacity and may

need to be deprived of their liberty in their own best interests to protect them from harm and/or injury. The registered manager and staff knew of their responsibilities regarding (DoLS). They knew that regarding supported living services any DoLS referral would have to be made to and approved by the court of protection. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

We found that healthcare services were accessed on a regular or as needed basis to promote good health. Staff and relatives told us that when there was a need the staff had made referrals to external healthcare professionals for assessment and to prevent a condition worsening. This included the GP, dietician and psychologist. A relative said, “They [the person’s name] were not well a short time ago. The staff got the doctor and kept me informed of the situation”. Staff we asked were able to tell us the signs and symptoms of conditions that may become unstable and what they should do if they did. Records we looked at confirmed that people had access to dental and optician services.

Mealtime experiences met people’s needs and preferences. One person told us that they liked the meals. We indirectly observed one person having their breakfast. We saw that they were happy and content and enjoyed their breakfast. We saw that breakfast time was flexible to meet people’s preferred rising times. Meals were arranged daily by staff asking people what they would like to eat. Staff told us that as people had different likes and dislikes they prepared what the individual person wanted. All staff we spoke with had a good knowledge of people’s risks and what they should do to decrease these, for example, what they needed to do to prevent choking and unstable diabetes. During the day we saw that hot and cold drinks were offered regularly and staff encouraged people to drink to prevent them suffering ill health from a lack of hydration.

Is the service caring?

Our findings

People and their relatives all told us that in their view staff were caring. They described the staff as being, “Caring,” “Friendly,” and “Helpful”. We observed staff interactions with the people who used the service were caring and kind. For example, we saw that staff took time to greet people and ask them individually how they were. We saw that people responded to this by smiling and engaging with staff.

Relatives we spoke with told us that they felt that staff knew them and their needs well. Records that we looked at had information about people’s lives, family, likes and dislikes. This provided staff with the information they needed about people’s preferences and histories to give them some understanding of their needs. All staff we spoke with were able to give a good account of people’s individual needs and preferences. This showed that staff knew the importance of providing personalised care to people to ensure that they were cared for appropriately and in the way they wanted to be.

Staff confirmed that they encouraged people to select what they wanted to wear each day and supported them to express their individuality. This was confirmed by a person we spoke with. All staff we spoke with gave us a good account of people’s individual needs regarding their appearance.

We found that people’s privacy, dignity and independence was promoted. All staff we spoke with were able to give us a good account of how they promoted dignity, privacy and independence in every day practice. Records highlighted that staff had determined the preferred form of address for each person and we heard that this was the name they used when speaking to people. We saw that people responded to this by looking at the staff member, smiling and talking to them. One staff member told us, “We always encourage people to do as much as they can for themselves”. A person said, “In the morning the staff only do what I cannot. I prefer to do as much as I can myself”. Another staff member told us that people were encouraged to help clean their bedrooms and take their washing to the laundry. During our inspection one person had been out with staff to help with the shopping. They nodded and smiled to confirm that they enjoyed doing that. This showed that staff promoted people’s dignity and privacy and promoted their independence.

We observed that staff reassured people appropriately. When we visited two of the people they were ready to go out shopping. We saw and heard staff explain and giving them reassurance by saying, “We will go out soon”. We saw that the people were happy with the way staff had reassured them. They were calm and relaxed.

Is the service responsive?

Our findings

All relatives we spoke with told us that staff consulted them about their family member's care, preferred routines and changes to their condition. This showed that the provider was responsive to people's preferences, wishes and changing needs. Relatives told us that the staff had been responsive to information given to them to ensure that people's needs were met in the way they preferred. One relative said, "Their care and support has been altered and adjusted since they have been there to meet their changing needs".

Records we looked at and staff we spoke with confirmed that a reassessment of people's needs was regularly completed. These processes and records enabled the registered manager to decide if they could continue to meet the person's needs and informed staff how to care for the people appropriately and safely. A relative said, "My [person's name] may not always fully understand what their needs are. The staff do talk to me about it we have regular meetings. The care is good".

People told us that the staff supported them to follow their individual interests and pastimes. One relative said, "Their [the person's name] day centre is very important to them". The person confirmed that staff supported them to attend their day centre and that they enjoyed going there. Other

people told us that they liked eating out and going shopping. Staff we spoke with and records that we looked at confirmed that they ate out and went shopping regularly.

None of the people or relatives we spoke with had made a complaint. However, relatives we spoke with told us that they would not hesitate to speak of any dissatisfaction or complaints they may have. We found that relatives knew how to access the complaints procedure. This gave relatives and the people who used the service assurance that a complaints system was available if they felt they were not happy with something.

One person told us that they liked to attend a religious service regularly as it was important for them to do so. They told us that staff supported them to attend and that they had attended a religious service the day before (Sunday). This showed that staff knew it was important to people that they were supported and enabled to continue their preferred religious observance if they wanted to.

Records highlighted that one person only wanted staff of specific gender to support them with their personal care needs. The person told us that this was correct. Staff we spoke with and the person confirmed that this preference was always honoured by the provider so that their need was met.

Is the service well-led?

Our findings

The provider had taken action to ensure that managerial support was provided to lead the service. A manager was in post and was registered with us as is the legal requirement and was supported on a day to day basis by a deputy manager. The provider had a clear leadership structure which staff understood. One relative said, “The management are approachable”.

We found that support systems were in place for staff. Staff told us that management were very supportive. One staff member said, “There is always someone we can go to if we need help and advice. All staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could telephone.

Relatives who we spoke with were either worried or not happy about the change to the service provision. The previous registration was a care home which had changed and reregistered as a ‘supported living’ provision. The registered manager and the relatives we spoke with confirmed that the provider had held meetings to discuss the change prior to it happening. The registered manager told us that there had been problems securing input from the local authority and advocates to finalise the transition. The registered manager was aware that relatives were still not happy and was willing to hold further conversations with them to give them more assurance. This showed that the provider was willing for people to be involved in processes to give their views to ensure that the service was operated in the best interests of the people who used it.

All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, “If I had any concerns at all, which I do not have, I would report them straight away. If I was not satisfied I would go to Social Services or you (The Care Quality Commission). This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice.

We found that informal systems were in place that enabled people and relatives to make their views known about the running of the service. Management and all staff we spoke with confirmed that they spoke with the people who used the service continually to find out if any changes were needed. One relative said, “I speak with staff often and have regular meetings where I can discuss issues”.

We found that by speaking to staff and looking at records that systems were in place to ensure that staff were working as they should do at all times. For example, the deputy manager and the registered manager undertook ‘spot checks’ regularly. The deputy manager told us that they often undertook spot checks on weekends. We also found that robust audits were undertaken at least every three months. We saw that where staff had not been following policies or practices were not as they should be corrective action was taken. This was then reassessed at the next audit to ensure that the required action had been taken. These processes would ensure that people were supported safely and appropriately. People we spoke with indicated that they were supported appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.