

Voyage 1 Limited

Dawson Road & Whateley 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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 16 July 2018 and was unannounced. At our last inspection on 17 December 2015, the provider was meeting all the regulations that we assessed.

Dawson Road and Whateley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Dawson Road and Whateley Road accommodates up to 12 people in two bungalows which are joined by an internal corridor. At the time of inspection, 11 people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe in the home. Risks had been assessed and staff knew what plans were in place to protect people from harm. Staff knew how to report concerns and how people would tell them if they were unhappy.

Staff have been safely recruited and well trained to meet the needs of the people living at the home. There was enough staff on duty to meet people's needs.

Medication was stored correctly and given to people at the right times.

People's health needs were met and promoted and people were supported to eat and drink to promote their nutritional needs.

People were treated with dignity and respect by staff who knew them well and were caring in their approach.

People's needs and individual preferences were assessed and promoted.

The provider had systems in place to monitor and audit the quality of the service but there were gaps in these systems so some actions had been missed or were not completed in a timely manner.

The provider had not always fully consulted people, staff and relatives in decisions about the home or the ways in which care was being delivered.

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.

The provider had effective systems in place to assess risk and make plans to protect people from the risk of harm.

People's needs were met by sufficient staff on duty.

People were supported to take their medication when required.

Staff knew how to report concerns.

Is the service effective?

Good ●

The service was effective.

People's needs were met by well trained and skilled staff.

People's health needs were met and promoted.

People were supported to eat and drink to promote their nutritional needs..

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring.

People were treated with dignity and respect.

People were treated with kindness and compassion.

People's independence was respected

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that knew them well.

People's individual needs and preferences had been assessed

and supported.

The provider had a complaints procedure in place for people and relatives to raise their concerns.

Is the service well-led?

The service was not consistently well led.

Monitoring systems had not always consistently identified improvements required in a timely way.

The provider had not always consulted and asked for feedback from people, staff and relatives.

There was a registered manager in post who was well supported by the provider.

Requires Improvement 

Dawson Road & Whateley 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.

This inspection took place on 16 July 2018 and was unannounced. The membership of the inspection team comprised of two inspectors.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed 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. We also contacted the local authority who purchases the care on behalf of people to ask them for information about the service.

During our inspection we met with most of the people living at Dawson Road. People living at Dawson Road have learning and physical disabilities with additional complex health needs. People were not able to tell us what they thought of living at the home, therefore we used different methods to gather experiences of what it was like to live at the home. We saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the registered manager, the operations manager, and three staff. We spoke with three relatives of people and one healthcare professional by telephone. We looked at a range of records. This included three people's care plans, two people's medicine records, two staff recruitment records and quality

assurance systems that were in place.

Is the service safe?

Our findings

We saw that people looked happy to be living at the home and were comfortable with the staff that were supporting them. One member of staff told us, "There is lots of checks on equipment and quality checks." Records showed that checks were carried out on a regular basis, including checks on equipment, fire safety and water temperatures.

Staff we spoke to had a good knowledge of how to protect people from abuse and how they would report concerns. One member of staff told us, "I would report any concerns I had to the nurse on shift or the manager." Staff were able to describe the way in which people would communicate if they were not happy. We saw staff recognise and respond promptly when one person showed signs they wanted to move to another part of the house.

Staff knew the risks that people had been assessed for and the plans that were in place to manage these risks. One member of staff told us that one person was now using a new mould in their wheel chair which was working well. They told us, "We have to position them correctly when putting them to bed and staff have to turn them through the night." We looked at care files which contained detailed risk assessments relevant to each person and these had been reviewed to reflect any changes in people's needs. For example, where people were at risk of choking we saw staff use individual thickeners to ensure people's food was of the correct texture in line with their care plans.

We saw that there was enough staff to meet people's needs. One relative told us, "There is a very good staff to resident ratio; it always feels like staff have the time to spend with people." One member of staff told us, "Yes, there are enough staff. When people go out, the manager plans for extra staff."

The provider followed a recruitment policy which made sure that staff working at the home were suitable. We looked at two staff files which contained the relevant documentation including identification and pre employment checks which had been obtained before they started work. One member of staff confirmed who had started work recently confirmed that the provider had obtained references and checked gaps in their employment history.

People received the correct medicines and there were good systems in place for the safe storage and handling of medication. We saw one person being given medicines in their food in line with their care plan and with the agreement of their GP and family. We looked at MAR (medication administration records) which showed that people had their medication on time and doses were not missed. Some people required medication to be given "as and when" and there were very clear protocols in place, with detailed guidance for staff about when this medication should be given. Nursing staff had reviewed these protocols on a monthly basis to make sure guidance was up to date.

We saw that people's medication was stored safely and that staff checked the temperatures in the medication fridge and treatment room where medication was stored. Records showed that the room temperature had sometimes exceeded the guidelines but nursing staff told us that they had spoken to the

pharmacist about this and had been assured that the medication in the trolley was stored safely. We saw that people were protected from the risk of infection control. One member of staff told us, "We have access to all the right personal protective equipment (PPE) equipment; all the cleaning materials and equipment is colour coded and there are plenty of aprons and gloves in people's rooms." We saw that the house was clean and tidy.

The registered manager completed records to monitor any accidents and incidents and to look for any trends which may indicate a change or deterioration in people's abilities or actions needed to be taken to reduce the likelihood of events happening again. A copy of the record was also sent to the provider's operational manager for information and to assess the actions taken by the home and any lessons learnt. There was also shared learning across the providers homes at manager meetings and via the home's computer system.

Is the service effective?

Our findings

People were supported by well trained staff. One member of staff told us, "The company has an online training programme and I am up to date with all my training. I feel like I get all the training I need." Another member of staff told us that they were completing the Care Certificate as part of their induction programme. Records showed that mandatory training had a completion rate of 98%. A healthcare professional we spoke with told us, "I attended a hospital appointment recently with [person's name] and they were accompanied by two care staff. They worked really well with them and were a great advocate."

The Mental Capacity Act 2005 (MCA) provides a 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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service support this practice. People's consent was obtained before care and support was given. We saw staff involve people where possible in making some decisions and choices about everyday life, such as where they wanted to sit, choice of DVD and food and drink choices. We saw one person being told that their medication was mixed in with their food before it was given to them.

The registered manager told us and records showed that some people currently living in the home had a DoLS granted or an application in progress. These applications had been informed by clear assessments of people's capacity. Staff we spoke with demonstrated a good understanding of the MCA and were aware that some people living at the home had a DoLS application granted or in progress

People were supported to eat and drink enough to support their wellbeing. We observed lunch and saw that some people were given blended food at lunchtime in line with their care plans. There were enough staff to give people individual support at meal times and staff positively encouraged people to eat and drink.

We saw that people's health needs were met and promoted. One person was in hospital at the time of the inspection for a routine procedure and they were being supported by staff from the home. This person had taken an up to date 'hospital passport' which recorded their healthcare history with them to make sure their needs were known by hospital staff. One healthcare professional we spoke with told us, "[Person's name] has been eating and drinking well since they have been at Dawson Road and their skin condition is as good

as it has ever been."

People were referred to health professionals when required. We looked at one person's file which recorded that they had been unwell over one weekend and that the GP had been called into visit them promptly. People's files contained weight monitoring charts. One person's file showed that there had been significant weight loss and their relative told us that this had been picked up by staff and referred to a dietician. The relative said, "[Person's name] has had some weight loss recently and the staff arranged for blood tests. They are now seeing a dietician and they are keeping a close eye on them."

People's needs were met by the layout of the premises. Since the last inspection, one communal bathroom had been upgraded with a new bath and ceiling hoist which had given people a choice of an accessible bath or a shower. Plans are in place to upgrade the second bathroom to a similar standard. People's rooms were individually decorated and tailored to people's interests and hobbies. Most rooms had sensory lighting which were used to stimulate or relax people. The garden was accessible and is used by the people who live there on a regular basis. There was a removable ramp for wheelchair access, but the surfaces could be improved to make this a more suitable space.

Is the service caring?

Our findings

People were supported by staff with kindness and compassion. We saw one member of staff telling one person what food was on his plate before starting to help him with eating. One relative told us, "[Person's name] has been very relaxed since they have lived at Dawson Road. We have seen him chuckle when we visit and we haven't seen that in a long time." Another relative told us, "The home is more like a family home than a care home." A member of staff told us, "The staff are very dedicated to what they do. The people living here are happy and valued and staff know what makes people happy."

We observed staff taking time to support people at an appropriate pace. We also observed staff using a sense of humour and touch to communicate with people. For example, we saw one person become anxious at lunchtime and staff offered gently stroked their arm and offered verbal reassurance. We saw in response, the person became settled and less anxious. One member of staff told us, "The best thing about working here is the people that live here."

People's care was delivered in a gender appropriate way; male staff did not provide care for females living at the home and care plans detailed people's wishes for the gender of staff providing care for them.

The registered manager has recently introduced a new system where people meet their keyworker on a monthly basis to review activities, health and goals. A keyworker is a member of staff that works with and acts on behalf of the person they are allocated to. Peoples' care files contained person centred reviews but records showed that these had been done about two years ago.

People and their relatives were not routinely involved in the review of people's care. One relative told us "We do attend meetings to discuss changes with staff." However, another relative told us, "I don't always get chance to attend reviews. I am invited but only get one or two days' notice so I don't get chance to attend and have an input."

People were treated with dignity and respect during our visit. Staff closed the curtains in the dining room whilst people were eating to block the view from the street. One relative told us "The rooms are always clean and every time we visit; his clothes were always clean and well ironed." One relative told us, "[Person's name] is very happy there."

Throughout our inspection we saw that staff asked a person's permission before supporting them and that staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could go whenever they wished.

Is the service responsive?

Our findings

People were supported by staff that knew them well. One member of staff told us people were supported with personalised care. They said, "The people get very good care here." One relative told us, "[Person's name] really hit lucky by living at the home. The staff always communicate with him at the right level." Another relative told us that, "The home has very consistent staff who know people and relatives very well." The healthcare professional we spoke with told us, "The staff team are really good at looking out for body language and listening."

Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Care files contained information about people's personal histories, people's preferences and interests so staff could consider people's individual needs when delivering their care. Staff respected people's individuality and diversity and understood how people's past experiences could affect their responses now. We saw that people's bedrooms had been decorated to reflect their personal interests and likes.

One relative told us, "[Person's name] is now using a wheelchair all the time and we had concerns about possible weight gain. The home ensures they have a balanced diet and we are involved in decisions about this." The healthcare professional we spoke with told us, "I have helped to place a number of people at Dawson Road and they have always responded very well. The staff get to know the people very quickly and always let me know if there are any concerns."

People have the opportunity to go out on trips and activities. On the day of the inspection, three people went out for a day trip. This trip was part of the provider's plan called "Happy Mondays" where people have the chance to go out for visits and meet other people from other homes. People had been involved in making arts and crafts items which were sold to fund these trips.

The provider had a complaints policy and relatives knew how to complain. There has only been one written complaint since the last inspection which had been dealt with promptly by the registered manager. All the relatives and the healthcare professional we spoke with had no recent concerns or complaints about how the home was run.

One relative told us about their family member who had passed away in the home recently and praised the end of life care given by staff. They told us, "The nursing staff handled the situation really well and lots of staff came to the funeral. The wake was held at the home which is what they would have wanted." People's care plans contained details of end of life plans and their wishes for funeral arrangements.

Is the service well-led?

Our findings

At the last inspection in December 2015, we rated the provider as 'requires improvement' in this key question. The service was not consistently well led and monitoring systems had not ensured that repair work had been carried out in a timely manner. At this inspection we found some improvements had been made but further improvements were required for audits to check and improve the quality of the service by identifying areas for improvement and taking action in a timely way. Therefore the rating for this question remains unchanged.

The outstanding repair work to the bathroom identified at the last inspection has now been completed and is in full use by people living at the home. We saw there were systems in place to audit and monitor some aspects of the quality of the service and actions were put into a development plan for the home. For example, the registered manager completed monthly audits of medication and actions were transferred into the home's development plan.

However, some records and systems were not monitored by staff and managers. We saw records relating to people's care were not always routinely monitored to ensure any actions were identified. For example, there were some gaps on these fluid intake charts and staff were not totalling up daily intake amounts. It was unclear therefore how much fluid some people were drinking and whether any action needed to be taken if they were not drinking enough to promote their wellbeing.

We also found that DoLS applications had been made for some people and those that had been granted had expired. The provider had not taken timely action to make new applications. The registered manager explained that new applications have now been made in all cases and outcomes are pending.

The provider and registered manager had a range of systems which were used to obtain the views of people, relatives and stakeholders. These included questionnaires, staff meetings and service user meetings and feedback was used to inform the home's development plan. However, these systems have not always been used to fully consult with others. For example, the provider had recently changed one of the sensory rooms into a treatment room which was well laid out for use by staff. This change was discussed at a nurses meeting but there was no evidence of consultation with people or their relatives over the loss of this sensory room. There was however, an alternative sensory room available for people to use at the home and plans were in place to transform the old treatment room into a second sensory space. We saw that the service user meetings took place but minutes showed that these were used to share information such as hospital visits rather than supporting people to give feedback.

We saw that the registered manager had an open door policy and was visible around the home. One member of staff told us that the registered manager, "Knows what needs to be done". Two relatives told us that they had not yet had chance to talk to the registered manager but they would like to see them more. One relative told us, "Communication between the home and relatives can be a little hit and miss." One professional told us, "The provider always communicates any problems to me and I get quick responses if I have any queries."

The provider's operations manager also visited the home during the inspection. One member of staff told us, "[Operations manager] is very approachable and visits us regularly.". The registered manager told us, "I get very good support from the provider. I had lots of support from other managers during my induction and I get the chance to visit other homes to see best practice."

There were regular staff meetings which were used to share information and policy updates.. The registered manager carried out staff supervision with all staff and used this opportunity to address concerns. The provider has met the legal requirements for notifying us about events that they are required to do by law.