

# Voyage 1 Limited

# Brookvale Road

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Brookvale Road is registered to provide accommodation and personal care for up to three younger people with a diagnosis of a learning disability or autistic spectrum disorder. The property is a large family type home that has been extended and adapted to provide additional bedrooms and living space. At the time of the inspection three people used the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were safeguarded from harm because the staff team had received safeguarding adults training. They knew what to do if they had any concerns regarding people or they suspected people were being harmed. Risks to people's health and welfare were assessed and plans were in place to mitigate the risks. Staff on duty each shift were sufficient to ensure each person's care and support needs were met. This was kept under review and adjusted as and when necessary.

Safe recruitment procedures ensured people were looked after by suitable staff. People were supported with their medicines. Medicines were well managed and administered by staff who were trained and competent. The provider had effective infection control procedures in place.

People's care and support needs were assessed, and a personalised support plan written, taking in to account their preferences. People were involved in creating their support plans. Staff received relevant training to enable them to meet each person's individual care and support needs and do their job well. New recruits who joined the staff team completed an induction training programme at the start of their employment. All other staff had a mandatory refresher training programme to complete. Staff were well supported to do their job. Regular supervision sessions with a senior member of staff, to guide them with their work were being re-introduced by the new manager.

The staff team assisted people to access the healthcare services they needed but encouraged independence where possible. People were encouraged to eat a healthy, well-balanced diet but respected people's rights to make their own food choices. People received sufficient food and drink. Any preferences people had regarding food and drink were accommodated. People were supported to develop daily living skills and make their own meals and drinks.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff team was small and well-established, and this meant people were supported by familiar staff. The staff were kind and caring and wanted the best for people. The interactions between people and the staff were friendly and evidenced good working relationships. People were content in their home environment.

Each person was looked after in a person-centred way. The staff knew what was important to each person. They knew when people were dissatisfied because they understood how the person acted when they were not happy. The staff understood what specific facial expressions, body language or types of behaviour meant. This information was recorded in their support plans. People were encouraged to enjoy social activities and were supported to explore new opportunities. People were supported to maintain contact with their family and friends.

A new manager had just started work at the service and was already familiar with the three people who lived at the home. The provider had systems in place to monitor the quality and safety of the service, to share information and to ensure the staff team kept up to date with best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published November 2017).

#### Why we inspected

This was a planned inspection based upon the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Brookvale Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Brookvale Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, the provider had appointed a new manager and they had begun the application process to register with us.. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since our last inspection. This information included 'notifications' the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. The provider had completed a provider information return (PIR) prior to this inspection. This is information we require providers to send to give us some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

#### During the inspection

We met with the three people who used the service. One person told us all about their life and what it was like to live in the home. The other people could not tell us about their care therefore, we observed the interactions between them and the support worker who was looking after them. We spoke with the manager, one support worker, and a service manager..

We looked at three people's care records, two staff recruitment files, training records, policies and procedures, and other records relating to the running of the home.

#### After the inspection

We spoke with one relative and their views of the service provided have been included in the main body of the report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. One person said, "The staff are all kind to us and ensure our safety." One relative said, "I know he is safe. I visit every fortnight and keep a good eye on him."
- Staff received safeguarding training and knew what to do if they had any concerns or suspected people were being harmed. Staff were provided with "What to do if....." guidance, a copy of which was kept in the office.
- Staffing levels were sufficient and meant each person's care and support needs were met.
- The provider followed safe recruitment procedures. Pre-employment checks included written references and a Disclosure and Barring Service (DBS) check. A DBS check helps employers to check whether applicants has any past criminal convictions that prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed and measures were put in place to reduce or eliminate the risk. People's support plans provided instructions for the staff team to follow to manage that risk. Examples included financial risk assessments, risks associated with poor swallowing and diet.
- Personal emergency evacuation plans were written for each person. These detailed the support people needed to evacuate the building safely.
- The provider had a programme of checks in place to keep the premises, people, visitors and staff safe. These included fire safety equipment, hot and cold-water checks and checks of the premises.
- The fire risk assessment for the premises was last updated in November 2019. Regular fire drills to ensure staff followed the provider's policy were completed.

Using medicines safely

- Risks were assessed to determine if people could manage their own medicines safely. One person, part-managed their own medicines. As part of their agreed support plan they were given their daily medicines in a travel pot, and they took them when they wanted. Staff administered medicines to other people.
- The manager and staff team were trained to administer medicines safely. Following training, regular competency assessments were undertaken to ensure safe practice was followed.
- The processes for the ordering, receipt, storage and disposal of medicines was safe.

Preventing and controlling infection

- The service had effective infection control measures in place. Guidance posters regarding good hand-washing techniques were on display. The service had a plentiful supply of soap and hand-gels and cleaning

materials.

- The house was clean, tidy and free from any odours. The staff team had daily cleaning schedules to follow and people were encouraged to develop their own life skills where possible. One person liked to complete daily tasks in the kitchen with staff encouragement.
- Staff completed infection control and food safety training as part of the provider's mandatory training programme.

#### Learning lessons when things go wrong

- The provider had systems in place to review any events that happened in the home. This included triggers that affected people's behaviours. This enabled the provider to take action to prevent the same happening again.
- The staff completed a challenging behaviour reporting and de-briefing form and recorded "What needs to change for the future and how this can be achieved".
- Each month the manager submitted reports to their service manager. These also included any accidents or incidents that had happened. This sharing of information kept the provider aware but also gave them the opportunity to learn from events that had happened in other care services run by the same provider.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key inspection has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The three people who used the service had lived together for many years. Their needs had been fully assessed and support plans written. The support worker on duty knew each person well and how they liked to be looked after.
- People's support plans had been reviewed and updated to reflect changes in their needs. Where specialists were involved, advice they provided was included in the support plans to ensure the support provided was consistent and person-centred.

Staff support: induction, training, skills and experience

- People were supported by a staff team who were well-trained to meet their needs.
- New recruits completed an induction training programme at the start of their employment. This was in line with the Care Certificate, a set of national standards for all health and social care workers to work within.
- All staff completed a programme of mandatory training. This included health and safety, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), mental health awareness and infection control.
- Training records were kept for each staff member. The records identified when staff were due to repeat their training to keep their knowledge and skills up to date. Training was delivered via computer-based sessions or face to face training.
- Regular supervision sessions had not been arranged whilst the service was without a registered manager. However now a manager had been appointed, this was to be addressed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with sufficient food and drink to meet their individual needs. They were supported to do their own shopping and make their own meal plan, or shop and prepare their meals independently.
- People's body weights were checked each month or weekly if necessary. One relative told us they had been concerned regarding their family members increase in weight but the staff addressing this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were registered with a GP and had a health action plan in place. The manager and staff team supported people to be healthy and active.
- One person made their own arrangements to see their GP or other health and social care professionals. The staff team encouraged this person to feed back to them after any appointments but respected their

decision not to share information.

- The staff team supported other people to access the health care services they needed.

Adapting service, design, decoration to meet people's needs

- People lived in a large family home located in a suburban area of Solihull. The house had been adapted and extended to provide sufficient space for the people who live there. There was off-road parking to the front of the house and a private garden to the rear.
- The fabric of the home was in need of repair and re-decoration in some areas however there was already a refurbishment plan in place. This was discussed with the managers who were awaiting dates for the works to start.
- People's bedrooms reflected their personal choices. The furniture in one person's bedroom was damaged and due to be replaced as part of the refurbishment plan.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where required DoLS authorisations were in place. The staff and management team were fully aware of their responsibilities towards those people. During the inspection visit we heard people being asked to make choices about their day and being assisted when they went out to the shops.
- The manager and staff team had received training regarding the MCA and DoLS and understood the need for people to consent to their care. One person told us, "I make all my own decisions and the staff respect them. I am my own person. I am set in my ways and the staff let me."
- Where people did not have the capacity to make decision themselves, mental capacity assessments and best interests decision were recorded in their care plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and friendly. People were well-supported and treated with respect. One person said, "We all get on well here. This is my home and I like living here."
- The staff team received equality and diversity training and training in privacy and dignity. They spoke respectfully about the people they supported and understood their individual needs and preferred life-styles.
- It was evident people were content in their home environment and the staff were aware of each person's choices and preferences. The staff team was stable which meant long-standing working relationships had been established.

Supporting people to express their views and be involved in making decisions about their care

- Each person had a daily routine they liked to follow. This was recorded in their support plan. Reviews of support plans took account of what made people feel content and any changes in the person's preferences.
- People were encouraged to make their own choices. For one person this involved the use of objects of reference to assist them to make their own choices. This person completed daily tasks in the kitchen but needed staff support which was reducing over time.
- Formal house meetings did not work for people however the staff team knew the importance of gaining their views. For example, had chosen the colour for the wall paint in the dining room.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was maintained. The staff team had received training in privacy and dignity, and they were respectful of each person and the choices they made.
- People were supported to manage their own health and care and be independent where possible. People were encouraged to develop new daily living skills, be as independent as possible and have as much choice and control in their lives as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a support plan and a health action plan in place. These were kept under review and rewritten following any re-assessment to reflect changes in needs.
- The plans detailed the person's typical day/daily life, a good night and good leisure and work time. They gave instructions for the staff team regarding how the person wanted to be looked after. They were personalised, and preferences and choices were taken account of. The plans provided an accurate picture of each person's needs.
- In addition, a one-page profile was written detailing information about what was important to the person and their social history.
- The manager and staff team each had long term working relationships with people and fully understood their individual preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in accordance with the Accessible Information Standard. The provider produced information in various formats such as audio scripted, braille and easy read.
- People's communication needs were identified as part of the care planning process, and taken account of in their care plan, providing staff with clear instructions.
- The manager and staff team knew people well. They were familiar with people's gestures, body language and facial expressions and what they meant. Information was recorded in people's support plans. The staff team also used pictures to help people make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had planned individual regular activities and were encouraged to explore activities away from the home. One person went out independently to access community facilities.
- The provider was developing 'growing together events'. These were with the three people and also people residing in other care services, to promote social inclusion within the local community. People had agreed on meals out, a summer party and a Halloween party so far in 2020.
- People were supported to maintain important relationships and to remember important dates. One relative said they visited each fortnight and took their family member out. They added, "(named person) is

always out and about with the staff."

- People's birthdays were celebrated as well as other festivals and dates throughout the year. One person had chosen to remain at Brookvale Road last Christmas rather than spend time with family and the staff had supported this.

Improving care quality in response to complaints or concerns

- People were encouraged to have a say if they were unhappy about anything. They were able to raise issues at any time and were reminded of the provider's complaint's procedure by the staff team.
- The staff team knew if a person was unhappy or anxious because they were familiar with how they presented at those times.
- The service had a complaints procedure in an easy-read format. The provider had not received any formal complaints in the last year.
- The Care Quality Commission had not received any concerns regarding this service in the last year.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from living in a specialised service for people with autism. Their preferences and choices were taken account of at all times to support their well-being. One person said, "I am my own person. I am set in my own ways."
- The staff team empowered people to live their lives the way they wanted. For one person this meant, making sure they had essential items with them at all times.
- The service was working towards accreditation with the National Autistic Society, a specialism award. They were hoping to achieve this by the end of 2020. The service was committed to providing personalised care for each person, supporting their individual aspirations and choices.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had effective processes in place to ensure they were kept fully informed of all aspects of the service. The manager notified their line manager each week regarding things that had happened in the home.
- One relative commented the staff kept in touch with them regarding their family member. This was done either when they visited or by a telephone call.
- The manager knew when notification forms had to be submitted to CQC. These notifications informed CQC of events happening in the service.
- The quality rating poster from the previous inspection was displayed and the rating was available on the provider's website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were looked after by a consistent team of staff. The previous registered manager had left the service in November 2019. A new manager had been appointed and had started work at the home the week before our visit and they were already familiar with people,
- The manager led a small team of support workers and provided day to day support for people, assisting them with their daily living skills. There was a focus on supporting people to develop their skills and be as independent as possible.
- The manager had a 'hands-on' approach and planned to work two shifts per week, working alongside support workers and with people.

- The manager was appropriately qualified and had previously been a registered manager in another of the provider's care services.
- The provider had effective systems in place to monitor the quality and safety of the service to ensure people, the staff team and premises were safe. Examples include health and safety, vehicle checks and medicine audits.
- Quarterly audits were undertaken by the provider's quality team and included a 'Quality Checker'. This is a person who is also supported by Voyage Care in another care service, whose task is to provide a 'service users perspective' on the service provided.
- The manager attended monthly manager's meetings. These were used to share ideas, discuss outcomes of CQC inspections and look at lessons learnt for example.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were fully involved in making decisions about the service. The manager and staff were aware of the need to consider the views of each of person.
- One relative said their family member was unable to verbally express their views, but they had been asked to have a say. The provider had previously asked them to complete a relative's survey.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care and support. This included both community-based and hospital-based staff.
- The provider worked in partnership with the National Autistic Society, Skills for Care and the British Institute for Learning Disabilities (BILD). This meant they kept up to date with best practice and shared information and intelligence with the staff team.