

Voyage 1 Limited

Sadlers Place

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

The inspection was undertaken on 4 April 2017 and was unannounced

The provider of Sadlers Place is registered to provide accommodation for up to nine people who may have a learning disability, or autistic spectrum disorder, older people, physical disabilities, sensory impairment and younger adults. At the time of our inspection nine people lived at the home. Bedrooms, bathrooms and toilets are situated over two floors with stairs and passenger lift access to the first floor. People have use of communal areas including lounges, activities room and dining room.

There was a registered manager in post who was supported by a deputy manager. 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 the staff who cared for them understood their safety needs. Staff cared for people in ways which promoted their safety, based on people's individual risks. Staff knew what action to take to protect people from the risk of potential abuse. There were enough staff employed to care for people so they received care promptly and their safety and well-being needs were met. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely.

People benefited from receiving support from staff with the knowledge and skills to care for them and staff recognised people's rights. People enjoyed their mealtime experiences, and had enough to eat and drink to remain well. When people required medical assistance and advice from health professionals this was facilitated.

People had developed very caring relationships between people and staff. People and their relatives were extremely positive about the staff that supported them. Staff worked in ways which made people feel valued and included and recognised them as individuals. Staff took time to chat to people and show interest in how they spent their time. People were encouraged to make their own day to day decisions about their care and maintain as much independence as possible. People were supported by staff to achieve their ambitions. Where people needed support to do this this was given by staff. People's right to privacy was taken into account in the way staff cared for them.

Positive comments were received about the way the home was managed and people and staff were encouraged to make suggestions for developing care further. Staff knew how they were expected to care for people. The registered manager and provider checked the quality of the care provided and people and their relatives were actively encouraged to give feedback on the care they received and involved in the running of the home, so improvements would be driven through. The registered manager encouraged people to become quality checkers so they could actively assist and keep people at the heart of the improvement of

services throughout the provider's homes.

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.

People received the support they needed to manage their individual risks. Staff understood how to raise any concerns they had for people's safety so these would be responded to. There was enough staff available to care and support people. Where people needed assistance with their medicines they were supported by staff that had developed the skills to do this.

Is the service effective?

Good ●

This service is effective

Staff consulted people and their representatives in decisions about people's care. People were supported by staff that had the skills and knowledge to care for them. People were supported to have enough to eat and drink. Where people needed care from health professionals this was arranged so people would remain well.

Is the service caring?

Good ●

The service was very caring.

People had developed very caring relationships with staff who knew their histories and preferences. Staff supported people to realise their day to day choices, where this was needed. Staff went the 'extra mile' to support people with their ambitions. People's rights to dignity and privacy and need for independence was understood and promoted by staff.

Is the service responsive?

Good ●

This service is responsive.

People's care was planned in ways which took their individual needs, life histories preferences into account. Staff listened to people's and their representatives' views when planning people's care. People and their relatives knew what action to take if they had any complaints or concerns about the care they received.

Is the service well-led?

Good 

This service is very well-led.

People were very happy with the care and support they received. They had numerous opportunities to be involved with their care and support they received.

The registered manager put people's wishes at the centre of the service and the culture within the home reflected this.

A culture of continuous improvement using quality checks was in place to promote the best care for people who lived at the home. People living at the home were encouraged to be actively involved in the quality auditing process.

Sadlers Place

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 the 4 April 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we looked at information we held about the provider and the services at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send to us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with three people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives of people living at the home during the inspection. We also spoke with one healthcare professional who visits the home.

We spoke to the provider, the registered manager, the deputy manager, two care staff, and one senior care staff. We looked at records relating to the management of the service such as, two care plans for people, the incident and accident records, medicine management and three staff recruitment files, service review notes and questionnaire reports giving analysis of people's feedback.

Is the service safe?

Our findings

People we spoke told us they felt safe living at the home. One person said, "They [staff] help me feel and stay safe." Another person said "I definitely feel safe living here." A relative commented "I know my [family member's name] is safe living here...I have peace of mind when I go home, knowing they are safe."

Staff had completed training in how to keep people safe and staff said they had been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this to support people's safety. For example staff said if they saw changes in people's behaviour or signs of emotional distress this could indicate people were at risk of harm. Staff were confident people were treated with kindness and said they would immediately report any concerns to the management team and action would be taken. They also knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved. This information was also displayed to provide people who lived at the home and visitors with contact details should they need these. For example in the hallway we saw cards encouraging people to report abuse they said "You can stop bad things happening by speaking out now."

People told us and we saw from care records risks to people's safety and wellbeing had been assessed, managed and reviewed in order to keep people safe. For example, people were supported by staff with the use of specialist equipment such as lifting equipment to help them in and out of the bed safely. We saw from records the equipment had been maintained and checked it was safe to use. Staff we spoke with confirmed they had received the training in order to use the equipment and so reduce the risks to people's safety and wellbeing.

We saw in people's care plans there was documentation called 'How to keep me safe.' These identified possible risks to each person's safety and included positive action to promote their wellbeing. An example of this involved people being assisted with their catheter care, (a catheter is an aid to help people pass urine). We saw staff had received specialist training to care for a person's personal care and catheter to prevent infection and so maintain the person's health and wellbeing.

There were plans in place for responding to emergencies. The registered provider had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan (PEEP). The plans outlined people's support needs should there be a need for them to be evacuated from the premises in an emergency.

The registered manager told us staffing levels were based on the assessed care needs of people living at the home. They confirmed if there was an increase in the amount of support needed then the staffing levels would be changed to respond to this. For example the registered manager told us they assessed for an additional member of staff to be on duty every Thursday evening to support people to attend a community event.

We checked three staff files and saw records of employment checks completed by the provider, which

showed the steps taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. During the recruitment process people told us they had been involved in the interview of potential new staff to ensure they felt comfortable with them joining the staff team and providing support for people who lived at the home.

We saw that people's medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example people's medicines were stored in locked medicine cupboards. We saw that written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. We saw daily medicine counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines so action could take place promptly if necessary to reduce risks to people's health and welfare. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures. Where people chose to manage their own medicines an assessment had been made and the person supported with their decision.

Is the service effective?

Our findings

People told us staff had the skills and knowledge needed to care for them. One person said "Staff are very good at their jobs." Throughout the inspection we saw staff knew people well and supported them appropriately with their physical and social needs. One person told us, "Staff are really good; they help me with emotional support." Another person described staff as "Good at their job." A relative told us, "[Staff], are very good actually."

Staff we spoke with told us they felt very supported by the registered manager and provider as they were encouraged to develop the skills required to support the people who lived at the home. They told us when they started their employment at the home they had completed an induction programme. This included training and the opportunity to shadow more experienced members of staff before working alone with people. One staff member said "They gave me a mentor when I started and shadowed more experienced members of staff for a few weeks. I got to know everyone who lives at the home and their care needs before I started, so I felt pretty good when I worked alone."

Staff told us the training they received was "very good" and were able to provide us with examples of specialist training they had received and required in order to meet the needs of the people they supported. One staff member told us they had received specialist training in how to use suction machines to help a person from choking. Another staff member said "If I'm not sure about anything ... they [registered manager] will train me." The registered manager explained they encouraged staff to develop their competencies through nationally recognised qualifications such as the care certificate and national vocational qualifications.

Staff confirmed they received on-going support and opportunity to reflect on their practice through regular supervisions and appraisals and staff meetings. One staff member said "I love working at the home... I feel supported in my role."

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. We saw and heard people were supported by staff to maintain their rights to make their own choices and decisions as far as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff were working within the principles of the MCA. DoLS authorisations had been applied for people and best interest decisions had been made for any complex decisions. We saw care plans detailed how staff could gain consent from people for everyday tasks. People told us staff sought their consent before providing any care and support. Where possible people had been consulted and asked to sign their care

plans to say they agreed with the contents.

We found staff knew if people had any dietary requirements and provided snacks and meals throughout the day which reflected people's needs so they would remain well. Staff said they had consulted with people and professionals about people's nutritional needs and preferences. Staff we spoke with understood the links between people's nutrition and health and where they had concerns action was taken to care for people. For example one person told us how staff supported them with a weight reducing plan and encouraged them to make healthier choices. We saw people were involved in weekly meetings to decide the menu for the following week. We saw pictures of food were available to help people decide which meal they wanted to eat. People told us if they did not want to eat what was on the menu an alternative choice of meal was offered. We also saw people were assisted by staff at mealtimes where they needed this, and people's meal times were not rushed.

We saw people had been seen by dieticians, speech and language therapist and physiotherapists as well as their GP. They had thoroughly detailed individualised health action plans (a health action plan records any appointments and their outcomes, the person had attended). In addition people hospital passports in place so that if they had to be transferred to hospital staff would understand the care they required. One person was admitted to hospital. Staff visited the person twice a day and worked with the hospital team on the ward to ensure the person's care was not disrupted. The registered manager told us this would always happen when someone from the home was admitted to hospital to maintain consistent care from staff that the person knew to reduce the distress for the person and their family.

Is the service caring?

Our findings

The provider and the registered manager had created a strong, visible, culture where people were put at the heart of their care. People living at the home were extremely positive about their experience of living at Sadlers Place. Their comments included, "This is the very best care home I have ever lived in." and "I love living here." A relative said, "They [people and staff at the home] are like my family. I've got to know everyone now and there is such a lovely feeling about the place." Another relative described the home as "Very homely". A health professional we spoke with described the home as "One of the best homes I go to. People get really personalised care there."

The registered manager strove to continually improve the service provided for people and motivated the staff team to provide kind, compassionate care. Staff spoke of the high expectations of care and support the registered manager had. One person said, "Staff are lovely, they care for me to the best of their ability." Due to the caring approach staff took, based on individual needs, people were confident and empowered to live their lives to the full. The relationships built meant people were confident and relaxed to try new things and do things independently.

We saw people had a very good rapport with staff, they were happy to approach them and requested support through gestures. Staff responded by smiling and were happy to oblige their requests. Staff were able to tell us about individual preferences and support needs. We heard staff speak with people in a kind, calm manner when they helped people with their personal care. People were given time to do things at their own pace and were not rushed. Staff took time to communicate with people in a way they could understand, explaining what the daily events were to reassure them and about what time they would be leaving the home to attend an appointment. Staff we spoke with told us about people's individual communication methods and what these meant for people. For example, these included descriptions of sounds and body language and for some people they used a specialist sign language 'Makaton'.

People were involved and encouraged to make decisions in their daily care. People made their own choices for example of what they wanted to wear, what they wanted for breakfast and this was respected by staff. One person said "I decide what I want to wear, when I go to bed, when I get up and if I want a lie in, I have one." Staff said they felt it was important for people to feel in control of their daily lives as much as possible and important to make people feel valued.

The home was spacious and people were able to spend their time where they wished, whether in their room or in communal areas. When people had visitors they took them to the parts of the home where they preferred to talk. One person proudly showed us the new garden they had helped build. They showed us the new garden planters they had decorated and said they were looking forward to using it. In the activities room we saw an abundance of photographs decorated the walls to promote people's memories of the special occasions. The photographs showed people and staff laughing together and enjoying their day.

People's bedrooms were adapted to ensure they supported each individual person's needs and abilities. This was considered to be the person's private space and reflected their personalities accordingly. People's

bedrooms were personalised to their taste, with their possessions and pictures. One person told us their favourite colour was pink so they had been assisted to decorate their room in that colour. We saw ceiling hoists were in place where needed to aid people's independence. The person told us "I love my room."

Staff had used their creative ways to communicate with people to find out what mattered to them, for example in the hallway was a display of dignity and privacy flowers people had made to show staff and relatives what was important to them. The registered manager explained they had conducted a dignity and privacy training day for all staff, professionals and relatives. People living at the home and the staff worked together to make a flower, with petals describing how they thought they wanted to be treated. For example one person had written "Treat others as you would like to be treated." A health professional we contacted had attended the day and described it as being "A very proactive day".

Information was readily available throughout the home and shared with people and staff via notice boards, on tables and in the hallway. In the hallway they had a notice board which gave people information about the provider and how to access activities on offer. One person told us, "We have a meeting every Monday morning to decide what activities we want to do for the week If you don't want to join in you don't have to. Sometimes I prefer to spend time in my room and that is okay." We heard how staff respected their decision for privacy. Another person told us, "There is always something going on."

We were given examples of how staff had gone the 'extra mile' for people to ensure they had access to community projects. Two people had requested support to attend a 'can do project' for the under thirties, to make fabric and jewellery. Another example was one person was being assisted to find employment so was being supported with a work placement. One person told us, how proud they were in becoming more independent since living at the home, "The staff have helped me, become more confident I even travelled to Scotland on the train on my own."

The registered manager told us how people living in the home were committed to helping and supporting their local community projects. For example they collected food for the charity food bank.

The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely and computer documents were password protected when necessary. The registered manager and staff conducted the daily handover meetings where people's care and treatment needs were discussed in private to make sure people's right to confidentiality was maintained. The registered manager was aware of local advocacy services and would not hesitate to use these services to make sure people had opportunities to voice their views and wishes. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us they had been involved with the planning of their care so they would receive the assistance they needed, in the way they preferred. One person told us, "I have written my care plan with the help of staff." Another person said "I can see my care plan whenever I want to." One person described how they wanted to have their support provided by staff. They told us, "They help me with my personal care and my personal items, but I choose to do my finance myself, as I can do that for myself." The person told us as a result of staff support they had kept their independence and were being supported to move into a supported living house in the near future with the same provider.

Staff told us they found out about the way people liked to be cared for by talking to them and their relatives and checking their care plans. A relative told us they had been consulted about their relative's care plan, and if any changes were required they were informed.

We saw people's care plans and risk assessments provided the information staff needed to know, so staff would be able to meet people's care needs in the way they individually liked. For example a relative told us how the staff encouraged their family member to stay as mobile as possible. They told us, "Staff encourage [family member's name] to mobilise, and this is helping with their weight loss." Staff were provided with guidance on how to support people so risks to their health and well-being would be reduced. These included risks to people's physical health such as risk of choking. We saw that people's risk assessments and care plans were regularly updated and reflected their needs.

We saw staff had signed records to confirm that they had read and understood how to support a person's needs. Staff told us they completed a 'daily planner' which was signed by staff at each handover shift change. This contained information such as concerns or appointments a person had attended. It also contained any actions that had been taken or were required. Staff told us and we saw this information was used to update care plans and risk assessments. For example, changes in people's healthcare needs, so these could be consistently responded to.

People told us staff talked with them to about their life histories and what was important to them. We saw staff had supported people with their interests. For example, we were told by a relative how their family member was supported to go to a European theme park and returned with an abundance of soft toys.

People told us relatives and friends were made welcome when they visited the home. People living at the home had decided they would prefer a protected meal time for half an hour and this was respected. A relative confirmed they had been consulted with and also agreed to this restriction.

People told us they were offered to participate in a number of hobbies and interests. People if they wished attended a Monday morning meeting with the activities co-ordinator to plan fun and interesting things to do for the following week. These were then displayed on a colourful noticeboard with the times activities were going to happen in the hallway for everyone to see. During the inspection we saw an arts and crafts session in progress. We saw people laughing and smiling to reflect their enjoyment of the session.

People told us they were able to raise any concerns with staff and were confident their concerns would be addressed. People told us their views were taken into account and they were listened to. One person gave us an example of how in the past they had a disagreement with a particular member of staff so they spoke with the registered manager. They told us "[Registered manager's name], sorted it." Not all the people living at the home were able to verbally communicate, so staff said they would observe people's body language and behaviour to note if they were unhappy and then report to the registered manager so people had the support they needed..

We looked at the provider's complaints procedures and found any concerns raised and investigated and with the action taken recorded. Although all the relatives we spoke with had never had to raise a concern or complaint. We saw the provider's complaints procedures were in an easy read format and displayed around the home for people to access easily. In the hallway was a box for people to make suggestions of ways of improving the service. We were told the box could only be opened by an 'off site' operations manager who would feedback any issues to the registered manager as opportunities for learning and driving through improvements..

Is the service well-led?

Our findings

There was a registered manager at the time of our inspection who had been in post for a number of years. We found the registered manager was committed to working in a personalised way. They told us, "The people living here always come first in everything we do. It just works what people want and what they like to do is my priority" People living at the home were all positive about the registered manager. One person said "[Registered manager's name] is very nice, helpful and we have a laugh." Another person commented, "[Registered manager's name], no problems we all get along with her. A relative described the registered manager as "Very good". The health professional we spoke with was also complimentary about the management of the home and said, "If ever I ask anything of them it's done, I never have to ask for a second time." We saw a health professional had written requesting, they brought a potential new provider to see the home. This was because the health professional was so impressed with the care and the management support the registered manager and staff team provided for people.

One staff member said the culture of the home was for staff to work together so people would receive the care and support they needed. The staff member said, staff were supported to work together and this meant people were the priority. They said "Staff are happy, the people living here are lovely and the management are brilliant. If you ever have a problem they will help you." The registered manager told us the home had a very low turnover of staff which helped provide consistent good quality care for the people they support. The registered manager said how much she appreciated the staff support and tried to involve them with the running of the home. They said, "I couldn't do this without this staff team they are the best." They added, "Staff have come up wonderful with ideas, I make sure they get the credit for them not me."

Staff told us they knew what was expected of them and how they approached their work was discussed at regular supervisions and staff meetings, so senior staff and management could be assured people were receiving the care they needed. The registered manager said the provider had introduced a "Fresh eyes auditing system", which they felt they had used to good effect, when another manager from another of the provider's home had completed an unannounced audit of the home. They were pleased with the high score they had received. The registered manager regularly completed spot checks on staff both day and night to ensure the care and support for people met the standards she expected.

The registered manger told us how important it was for people to be happy with the staff that supported them so encouraged people living at the home to be part of the recruitment and interview process. People told us how they were part of the interview panel. One person said, "If I don't like the person we interview I give my reasons why.... Yes I do feel they [registered manager] listens to me."

People living at the home were encouraged to express their opinions and suggestions in a number of ways to develop the way they received care and support. This included through regular care review meetings and 'people who use the service meetings'. We saw from the minutes of these meetings actions had been taken as a result. For example one person had said the karaoke machine was broken and as a result it was repaired. The provider had introduced the opportunity for people living at the home to become a 'quality checker'. On the day of our inspection one person had gone to another of the provider's homes to undertake

an audit with the provider's quality team. On their return they told us how much they enjoyed and felt valued by their experienced input and stated "I feel listened to."

In addition to this the provider sent out annual surveys to people living at the home, relatives, professionals and staff to feedback on what they could improve. We saw comments were extremely positive and included statements such as, "I can't think of anything I would change." Another person said, "The support I receive at Sadlers Place is to a very high standard". A relative commented "You all pull together and we appreciate all you do for our loved ones." A health professional said, "If I had to live in a home – I'd choose this one."

The provider had received several compliments from people, relatives and professionals. These included "I just wanted to say how lovely the annual review was... it was the best one ever." Another person had written "Thank you for all your hard work doing the stunning garden for the gang to enjoy... Thank you for all your support, work, and love."

The registered manager told us of their commitment of having students on placement at the home from a local university for the last five years. They told us they met regularly with the course leaders to ensure the students had opportunity to achieve their objectives. We saw a card from one student who had written thanking staff and people living at the home for their input and how much they had enjoyed their placement.

The registered manager showed their enthusiasm to continuously improve the service provided for people, by starting a "Home Community Forum." This was led by the people living at the home with nominated staff, relatives and professionals to discuss future developments and improvements of the home. As a result of these meetings it was suggested the home celebrated the ten year anniversary of the opening and people had suggested they involved the local football team to open the celebrations. We heard how these suggestions were being put into practice. The forum had been successful in raising funds to improve the garden and to celebrate a garden party was held. We saw photographs displayed around the home showing people were happy and appreciated the new garden.