

Voyage 1 Limited

66 Dudley Street

## 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

66 Dudley Street provides accommodation and personal care to a maximum of six people who lived with a learning disability and/or associated needs. At the time of our inspection six people lived at the home.

At our last inspection of March 2015 the service was rated good. At this inspection, the rating remained good.

The manager was registered with us as is required by law and was present on the day. 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 received safe care and were supported to take their medicines safely and as they had been prescribed. Staff had received training in how to protect people from abuse and harm. Risks to people were assessed and guidance was available for staff to follow to ensure people were protected from accidents and injury.

People received effective support from staff who knew how to meet their individual needs. People were supported to have choices in their daily lives. Staff ensured that people were supported in the least restrictive ways. People were offered food and drink that they enjoyed and had access to appropriate healthcare services.

The care people received was kind and helpful. People were encouraged and enabled to be involved as much as possible in making decisions about how their support needs were met. Visitors were made to feel welcome and people were enabled to have contact with their family.

The service was responsive and involved people in developing their care plan so that their individual preferences and abilities were known. People were supported to take part in the leisure activities that they enjoyed. Arrangements were in place to obtain the views of people and their relatives. A complaints procedure was available for people and their relatives to use if they had the need.

The service was well-led. Checks and monitoring of the quality of the service were undertaken regularly to ensure that the service was run in the best interests of the people who lived there. People and staff confirmed the leadership skills of the registered manager were good. The registered manager was visible within the service and had a good insight of people's needs.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# 66 Dudley Street

## **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 comprehensive inspection was completed by one inspector and an expert by experience on 21 August 2017 and was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We met and spoke with three people who used the service, one relative, four members of care staff, the deputy manager and registered manager. We looked at two people's care records, three medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

A person told us, "I am safe here". A relative told us, "I have no concerns about their [person's name] safety and I am not aware of any abuse". Staff we spoke with confirmed to us they had received training in safeguarding. Staff assured us that any concerns about abuse they would report to the registered manager. One staff member said, "I had safeguarding training and know what I must do if I had any concerns". The registered manager had informed the local authority safeguarding team and us of all concerns of harm or abuse as they were required to in order to keep people safe.

We saw that risk assessments had been undertaken to reduce any risks of accident or injury to people. A staff member told us, "All staff are aware of people's risks. For example, people need support to go into the community or they could be at risk of being run over". When people went out we saw that staff accompanied them to keep them safe. We found that equipment was tested and serviced regularly. These actions promoted people's safety.

A staff member confirmed, "All my checks were carried out before I could start work here". The registered manager told us that prior to starting work references were sought and a check with the Disclosure and Barring Service [DBS] was completed. The Provider Information Return [PIR] highlighted, "DBS checks are carried out and recent employment references are obtained for all new starters". We checked three staff files and saw that these checks had been made. These included a completed application form and a check with the DBS. The DBS check would show if potential new staff members had a criminal record or had been barred from working with adults. These systems prevented the risk of unsuitable staff being employed.

A person said, "Always enough staff here". A relative told us that they had no concerns relating to staffing levels. A staff member told us, "There are always enough staff to look after people". During the day we saw that staff were available to support people in the home to go out into the community. The registered manager told us, "If staff are sick or on leave other staff cover". This was confirmed by the staff we spoke with.

A person said, "The staff give me my tablets every day". Staff confirmed that they had received medicine training and felt able to manage medicines safely. We saw that systems were in place to for the ordering of medicines and the return of unused medicines to the pharmacy. This meant that medicines were available for people to take as they had been prescribed and action was taken to safely prevent an accumulation of medicines no longer needed. We saw that medicines were stored safely in locked cupboards to prevent a risk of unauthorised people accessing the medicines. Medicine administration records available confirmed that people were supported to take their medicines as prescribed. We saw that guidance for staff in relation to medicines prescribed on an 'as required' basis was available. This meant that medicine systems were safe. We found however, that systems were needed to ensure that one person's prescribed cream could be applied when they were on trips or out in the community. The registered manager told us that they would address this to ensure that the person had their cream to the frequency required.

## Is the service effective?

### Our findings

A person said, "I love it here. I am looked after by the staff well". A relative told us, "The service meets their [person's name] needs well". A staff member said, "People get very good care and support here. We [staff] ensure people's needs are met, we keep people safe, people are given choices and go out when they want to".

A person said, "The staff are good". A relative told us that their family member was looked after properly. A staff member told us, "I have had all the training I need". Other staff told us that they received training that kept their knowledge up-to-date. Our observations showed that staff knew how to support people. For example, one person used their own sign language and staff knew how to communicate with them. We saw the person and staff communicating. The person nodded their head to show that they understood.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. All people had a DoLS authorisation. A staff member confirmed they had received MCA and DoLS training. The staff member said, "I know I cannot restrict anyone other than for the reason the DoLS has been granted. Regardless however, all staff ensure people are given choices all of the time". We saw that staff offered people choices throughout the day and gave people time to make their choices. For example, staff asked people if they would like to go out into the community, what they wanted to wear and where they wanted to spend their time during the day.

A person shared with us, "I love the food here, I really do". We observed staff offered people choices at breakfast and lunch time. We saw that hot and cold drinks were offered to people throughout the day to prevent a risk of dehydration. People were encouraged to make choices in line with the principles of healthy eating and any specific dietary requirements they had. These included; low fat foods with salads, fresh fruit and vegetables. Staff told us about people's individual risks regarding eating and drinking and how they managed the risks to keep people safe. Their examples included being present at mealtimes to support people to prevent choking and cutting food up into 'bite' sized pieces. Where there were concerns relating to choking, weight loss or possible obesity referrals had been made to speech and language and dietetic services.

A person confirmed, "I go to appointments to the doctor, hospital and dentist. The staff take me", A relative told us, "The staff attend to all of their [person's name] medical appointments then inform me what's happening". The Provider Information Return [PIR] highlighted, "People are registered with GP, dentist, opticians, and any other specialist agencies such as dietician and continence nurse". Records highlighted and staff confirmed that they worked closely with a number of external health care professionals to ensure a multi-disciplinary approach was adopted in relation to people's on-going health and wellbeing. For

example, we saw annual health review meetings took place with members of the community mental health team to establish people's progress and ascertain their future goals.

## Is the service caring?

### Our findings

A person shared with us, "I love the staff they are kind to me and do things for me". A relative told us, "The staff have good attitudes and are caring". A staff member said, "From since I worked here I have always seen the whole staff team to be considerate and caring towards people". We observed that staff were caring towards people. They identified if people were anxious and spoke with them gently to calm. We saw that when people were with staff they looked happy. They were smiling and talking.

A person confirmed, "I make choices and I do my plans and papers with staff". A relative said, "I am asked to contribute to their [person's name] care". Staff told us people were encouraged to express their views and be involved as much as possible in making decisions about support needs. We saw that people were involved in reviewing their care. People's care plans had been updated to reflect this. For example, one person liked to go on trips on a one to one basis to London and other venues. Where able people had signed their care plans to show that they were happy with the content.

Care plans highlighted people's likes and dislikes and their preferred community activities or in-house activities. For example, One person liked to go shopping. Staff knew this and supported the person to go shopping regularly. The person told us smiling, "I just love shopping". Another person enjoyed using their swing in the garden. We saw that a canopy had been erected over the swing to enable the person to use the swing in all weathers.

A person told us, "I have my own room and like to be alone sometimes and I am". People told us that staff respected their privacy and dignity. We observed that staff were keen to protect people's privacy and communicated with people using respectful language and in a dignified manner. There were areas in the home where people could sit quietly away from other people if they chose to or wanted some quiet time alone or with their visitors.

A relative said, "I can visit whenever I want to. I am made to feel welcome by staff and offered a drink". The registered manager and staff confirmed visiting was open and flexible. People were encouraged to maintain relationships with the people who were important to them. For example, on the day staff supported one person to visit their mother.



## Is the service responsive?

### Our findings

A person said, "The staff know me and what I like". A relative told us, "I am involved in reviews and am kept informed". The Provider Information Return [PIR] highlighted, "A review of people's care packages are scheduled to ensure that we offer a quality service for each person". We saw that people had been involved in their assessments and reviews so that their individual preferences and abilities were updated, known and recorded. Staff demonstrated they knew people well and gave examples of their particular likes and dislikes. These included, the activities people loved such as shopping and knowing what comforted people as their dolls.

We found that staff understood how best to support people to access local amenities that met their individual social needs. People were assisted to access as much or as little social and recreational activities as they required. One person wanted to go to London but had changed their mind. We heard them communicating with the registered manager to book a hotel for them on a different date. This showed that staff were responsive to people's needs. Two people enjoyed attending church. One person was supported to go to church every Sunday as this was their wish.

A person said, "I would speak with staff if I was unhappy. I am happy though". A relative told us, "I am aware of the complaints procedure and would feel happy to access it if I had a need to". Information about how to make a complaint was available for people to refer to. However, we found due to layout and volume of information it contained it may be difficult for some people to understand. The registered manager told us that they would look to amend the procedure. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to any concerns and report them immediately to the registered manager. The provider had received one complaint since our previous inspection. We saw that this had been handled appropriately and feedback had been given to the complainant.

One person said, "I am asked to say what I want and what I don't want in meetings". The provider ensured arrangements were in place that enabled people to make their views known about the running of the service. We saw meeting minutes and people we spoke with confirmed that regular meetings were planned for them to raise issues and give their views on the services provided. People had told staff in meetings what food and trips they wished to go on. People confirmed to us that staff had taken action to provide what had been requested this included particular outings and preferred food.

A relative told us, "I have filled in a survey [provider feedback form]". People and their relatives were given the opportunity to give feedback on the service provided this was during meetings or by use of provider feedback forms. Feedback was positive. Many complimentary comments were made about the support provided, the staff and the overall service.

## Is the service well-led?

### Our findings

The provider had a leadership structure that people, their relatives and staff understood. A registered manager was in post as is required by law and was supported by a deputy manager and senior care staff.

A person said, "Of course I know who the manager is. I like her". A relative told us, "I know who the manager is and have met her on many occasions". A staff member said, "The manager is very good and approachable". The registered manager had worked at the service for many years so people and their relatives were familiar with them. During the day we saw that both the registered manager and deputy manager were available and visible within the service. We saw that people were comfortable to approach the registered manager. People chatted with the registered manager and smiled. We also saw that people went into the registered managers office to speak with her when they wanted to. The registered manager told us about plans for the future to enhance the service such as improving some record keeping. This confirmed an open transparent culture.

Providers are legally required to inform us of incidents that affect a person's care and welfare. For example any accidents or untoward incidents. The provider had notified us of the events they were required to. It is also a legal requirement that our current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was on display within the premises. This showed that the provider was meeting those legal requirements. We requested that the provider completed a 'Provider Information Return' [PIR]. The PIR was completed to a good standard and returned to us within the timescale we gave. The PIR reflected our inspection findings.

The registered manager and staff told us that regular audits were undertaken. Records we saw confirmed that in-house audits had been undertaken relating to the whole service and included checks relating to health and safety, medicine management and care planning. One issue identified during the audits was that it was possible that staff had been supporting people too well at times. The registered manager told us, "At times staff have done tasks for people that they could do themselves. We [staff team] discussed this in a meeting and to address the situation we have reviewed and implemented new independence plans". Staff told us that this was correct they showed us the folders that they had been updating. A staff member said, "The manager raised a valid point, told us [the staff] that we needed to improve and we have".

A staff member shared with us, "We [staff] are observed to ensure that we work to the correct standard". Other staff confirmed that they had regular staff meetings where instruction and updates were given and feedback and prompts given where the registered manager had identified shortfalls. We looked at minutes of staff meeting minutes that confirmed that the meetings were held regularly.

Whistle blowing process encourage staff to report occurrences of bad practice or concern without fear of repercussions on themselves. A staff member explained, "Whistle blowing is so staff can report any concerns we may have". Other staff we spoke with told us they would have confidence to report concerns or if they witnessed bad practice. We saw that policies and procedures regarding whistle blowing were in place and these are what staff told us they would follow if there was a need to.

