

# Voyage 1 Limited

# Coleman Street

## Inspection report

237 Coleman Street  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 8 September 2015 and was unannounced. At the last inspection in November 2013 the provider was meeting all of the regulations that we looked at.

The service provides accommodation and personal care for up to eight people with a learning disability within the residential home, and personal care to a further six people living in the adjoining properties. At the time of our visit there were fourteen people living at the service.

The home has a registered 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 were kept safe and protected from harm by staff who had a good understanding of safeguarding and different types of abuse. People were supported by staff who knew them well and had detailed support plans which reflected their preferences. People had detailed risk assessments that gave guidance to staff about the

# Summary of findings

risk involved in their care and how to keep them safe. We saw that people received their medicines safely and in a timely manner. People's medicines were managed safely and there was a clear auditing process in place so that medicines were checked and accounted for.

People were supported by staff who were well trained and supported by both the registered manager and the provider. Staff asked people for consent before carrying out care and the support provided respected people's rights and freedom. People were supported to make decisions about what to eat and drink and there was a varied menu that reflected people's choices. People were encouraged to shop for food as well and help prepare it where possible.

People were cared for by staff who were sensitive in their approach and who cared about their wellbeing. Staff encouraged people to be as independent as possible and were warm and friendly towards people. People were encouraged to express their views through group and one to one meetings. Staff respected people's privacy and personal space.

People were encouraged to follow their interests and were supported to develop hobbies and take part in activities that they found enjoyable. Staff had a good knowledge of people's care plans which reflected their individual support needs. People and their relatives were involved in care planning and were encouraged to give feedback, both positive and negative, to staff and the registered manager.

There were systems in place to monitor quality and the provider carried out regular audits to ensure that people were safe and received the care that they needed. People and their relatives were encouraged to give feedback about the service and any complaints, concerns or suggestions were acted upon in a timely manner. The manager was visible and operated an 'open door' policy giving people, relatives and staff opportunities to speak with them.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff understood people's needs, were aware of any risks and knew how to keep people safe. Medicines were administered and managed safely.

Good



### Is the service effective?

The service was effective. People were supported by staff who were trained and had the knowledge required to carry out their role. Staff felt supported by the manager. People were supported to maintain good health and the service maintained good links with appropriate healthcare professionals.

Good



### Is the service caring?

The service was caring. Staff were caring and sensitive in their approach. People and their relatives were involved in decisions about their care and support. Staff had a good understanding of people's needs and acted in a way that protected people's dignity.

Good



### Is the service responsive?

The service was responsive. People received care in a way that they preferred and met their individual needs. Relatives told us they were confident in raising concerns and discussing their family member's care needs with the staff and registered manager.

Good



### Is the service well-led?

The service was well-led. Relatives had confidence in the staff and registered manager and this gave them reassurance. The registered manager understood their responsibilities in providing a quality service. Staff expressed their confidence in the manager and the provider and felt there was strong leadership of the service.

Good



# Coleman 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 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.

We reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications. A notification is information about important events which the provider is required to send us by law.

This inspection took place on 8 September 2015 and was unannounced. The inspection was carried out by two inspectors.

We spoke with four people who used the service, two support workers, one senior support worker and the registered manager. We carried out observations of the interactions between people staying at the home and staff as some people were unable to speak with us. We looked at four people's care records and other documents relating to the management of the service such as medicine records, meeting minutes and audits carried out by the provider.

We spoke with relatives of two people who used the service to ask for their feedback.

# Is the service safe?

## Our findings

One person's relative told us "I never lie awake at night worrying, I know they are safe." Another relative said "I couldn't wish for anything better, I don't live nearby, but I know they are safe." The provider had recently asked people living at the service if they felt safe, 23 out of 23 people they questioned had felt that the service had a 'good family environment and was safe.'

Staff knew how to recognise signs of possible abuse and knew how to report any concerns to both the manager and appropriate outside agencies. Staff we spoke with were able to give examples of different types of abuse, which they told us they had learned about in recent training. Staff were confident that if they raised concerns the manager would listen to them, and the manager actively encouraged this by having an 'open door' policy, whereby the staff could easily contact them. We found that the registered manager had reported to us and the local authority any concerns they had and had taken appropriate action to reduce the risk of harm to people who lived there.

People who felt unsafe when going out alone were encouraged by staff to be as independent as possible, but were offered support when they needed it. One person told us "I don't go out alone; I go with [staff members names]." We saw that the service had a positive approach to risk. People who were unsteady on their feet and may be at risk of falling were encouraged by staff to safely move around the home and were not restricted. People who needed support to walk or sit safely were supported by staff who were on hand to assist them. Staff explained to us the details of risk management plans that were in place for people who lived at the service, and told us these were designed to enable people to live their lives fully and not to restrict them.

People were protected from avoidable harm because the registered manager had systems in place to identify and learn from incidents. We spoke with the registered manager about the different incidents that had taken place in the service recently. She explained how they had been managed, and how the service had taken action to reduce the likelihood of certain things happening again. The registered manager explained that the staff team had discussed the incidents, and given consideration to

changes that could be made, and improvements that could be implemented. These included reviews and updates to people's support plans or improvements made to the way people's behaviours were managed. There was also an opportunity for staff and people who lived at the service to reflect on what had happened and learn from the incident.

One person's relative told us "There's always staff around, we visit at all different times during the week and different times of day and it's never any different." On the day of our visit we saw that there were enough staff to meet people's needs. Two staff members and the manager told us that there were enough staff to offer the appropriate support to people living at the service. We saw that people were being supported by staff to live their daily lives. People did not have to wait if they needed support; staff were available to assist them as and when required.

The service followed appropriate recruitment practices designed to keep people safe. We saw that relevant checks had been carried out before each person started work; these included identity checks, references and criminal records checks. We saw that where people had gaps in employment the provider had investigated the reasons for this to ensure that people were suitable to work in the role that they had been appointed to. Staff we spoke with confirmed they were not able to start work until the required checks had been carried out.

People received their prescribed medication as and when they should. We observed one person being supported with their medicines and saw that their pain relieving patch was applied by staff appropriately, in accordance with the manufacturer's guidance, to minimise the risk of skin irritation and reduced efficiency of the patches. Staff who supported people with their medicines told us they had received appropriate training. People's medicines were clearly labelled and were stored appropriately and securely in lockable metal cupboards at the correct temperature. Staff were able to tell us about the way in which each person received their medication. We reviewed medication records for six people who lived at the service and found that administration records were accurate and signed by a member of staff. We also saw records completed by the manager to show they had carried out checks to ensure that people received their medicines safely and as prescribed.

# Is the service effective?

## Our findings

One relative told us they were confident staff were skilled and knowledgeable; they gave an example of a time when their family member had become unwell and had to be taken to hospital. They told us “The staff knew exactly what to do.” People were supported by staff who had the skills required to support them. Staff told us that when they started in their roles they had completed an induction which involved shadowing experienced members of staff. Staff received training and supervision they required for their role. One staff member told us they had received some training in autism and had carried out some research for a nationally recognised qualification; they said “The training really changed my way of thinking, I understand [person’s name] so much better now.” Staff we spoke with explained that they had undertaken training recently and could explain the impact this had on their ability to support people. Staff told us that they had regular meetings with their manager where they discussed concerns and were given feedback about how they carried out their role. During these meetings staff were able to request further training so that they could better support people who lived at the service.

We saw that people were supported to make choices and decisions for themselves as far as possible. Staff were able to tell us about how they sought people’s consent when providing care and support and told us they had received training in how to support people in decision making. One staff member told us about how they looked at people’s body language to ensure they were happy with the choices being offered to them, they explained that when people refused support they were given time and space before staff approached them again. We saw that the service had followed the Mental Capacity Act (2005) Code of Practice, which is legislation which makes sure people are treated safely and their freedom is protected, and had ensured that where people lacked capacity to make certain decisions their rights had been protected.

There were three people living at the service who had been restricted in their freedom. Staff were able to tell us the reasons for this and knew how to support people as a result. We saw that the provider had taken the appropriate steps to make sure that no-one was unlawfully deprived of their human rights in relation to having their freedom

restricted and had made the necessary applications to the relevant authorising agencies. Deprivation of Liberty Safeguards (DoLS) is a legal framework that may need to be applied to people in some care settings who lack capacity and may need to be deprived of their liberty in their own best interests to prevent them from harm and/or injury. The manager and staff were able to explain their responsibilities in relation to making decisions in people’s best interests and had received training in this area.

People told us they were happy with the food, one person said “I like the food” another person said, “My relative visits weekly and eats with us.” Before lunchtime we heard people discussing the menu and making choices about what they were going to eat. One person told us they were looking forward to going out shopping and we saw them discussing their shopping list with staff. We saw that people enjoyed their food and that staff understood people’s likes and dislikes. People were laughing and talking animatedly over lunch and the atmosphere was friendly and relaxed. We saw that where people had special dietary requirements, such as low sugar diets, staff were aware of them and prepared food accordingly. People’s dietary needs and preferences were recorded and considered by staff. People were prompted to drink more where staff were aware that they may not have had enough fluids. We saw that throughout the day people made their own drinks and snacks and were able to ask staff for what they wanted.

A relative told us “The staff are quick to react, when [name] was ill, they got them straight to hospital.” We saw that staff had regularly monitored people’s weight where there was a need to. We found that the service maintained good links with healthcare services and on the day of our visit one person was being supported by staff to attend a dentist appointment. We saw that where people had on-going health needs the staff had the information they needed to appropriately support that person. Staff we spoke with had a good knowledge of people’s health needs and were able to explain the actions they would take if people’s health deteriorated. We saw that people’s care records were updated to reflect the advice given by specialist healthcare providers. Detailed records had been kept of people’s appointments in relation to their health care and we saw that the service was proactive in referring people to relevant services like Speech and Language Therapy, GP’s, epilepsy and diabetes specialists.

# Is the service caring?

## Our findings

People indicated with their comments and gestures that they were happy living at the service. One person told us “It’s good here, the staff are nice, they know what I like.” Relatives we spoke with were happy with the staff and felt they were caring towards their family members. One relative told us “Some of the staff have been there a long time, they really know [person’s name] and care about them.” We saw friendly interactions between people and the staff, people were laughing and relaxed. Staff were sensitive in their approach and took time to ensure that people were comfortable before proceeding with their support. One person needed some assistance with medicines; staff welcomed them in to the office, closed the door to maintain their privacy and explained clearly how they were going to give the person their medicines. Staff explained that their approach was deliberate to try and put the person at ease.

When we arrived at the service one person was keen to show us their flat. The person told us that they had chosen the colours and furnishings and the flat was filled with personal belongings with photographs of family members on display. The person told us “I like it here, I’m having the kitchen decorated next.”

The service was proactive in understanding people’s needs and this approach was visible from the point that people were referred to the service. Staff understood people’s specific cultural requirements and recognised what was important for each person. One staff member gave an example of a person who liked to attend church and explained how they were supported to do so.

We saw that people were supported by staff to express their choices and preferences. We saw that staff communicated with people in their preferred way, for example using object referring or visual communication aids where these were appropriate. This enabled people to make their own decisions and communicate their choices clearly. We saw that staff took time to listen to people and understand what they needed. Where people presented as being unhappy or agitated staff responded quickly and were keen to find out the reasons for this. When one person looked unhappy and made unhappy sounds staff instinctively knew what might be causing them distress and knew how to comfort them. We saw staff offering comfort

to people who were concerned about others within the service, and taking time to explain to them why a person was acting in that way. Staff were discreet in their conversations with people and were reassuring towards people who expressed anxieties or fears. Staff we spoke with told us that they enjoyed their roles and that this was particularly because of the people who lived at the service. One staff member told us “I love working here, it’s like a family.”

One person’s relative told us “We couldn’t wish for anything better, the staff are wonderful, they relate really well to [person’s name].” People were supported to keep in contact with people who were important to them. One relative described how staff supported their family member to call them each week.

Relatives told us they were involved in their family member’s support planning and were invited to attend reviews. People’s individual responses had been recorded, and their feedback reflected in future planning. For example when someone had enjoyed a specific activity we saw that more opportunities to do this had been arranged. We saw notes of meetings that had taken place between people and staff and where possible people had signed their support plans to confirm their point of view. One relative explained how they were asked to attend an annual review for the person and were actively encouraged to contribute to setting goals for the year ahead. Where people did not have a relative or friend to support them, we saw that information was available with details of local advocacy services that they could contact.

During our visit one person was preparing to go out to an appointment and staff approached them about their clothing. Staff had noticed that the person had spilled food on their jumper and so pointed this out to them so that if they wanted to they could change before leaving their home. One person’s relative told us about how a person was supported by staff to maintain the cleanliness of their flat and said “The flat is immaculate, the staff really look after them.” Staff knew the importance of treating people in a way that protected and maintained their dignity. We saw that staff knocked on people’s doors before entering and respected their decisions if they didn’t want personal care at that time. Staff were discreet in asking people about their care needs and communicated these quietly so that others could not hear.



# Is the service responsive?

## Our findings

People's relatives told us they were involved in the care their family member received. They told us that they were invited to meetings and kept up to date with any incidents or concerns. One person told us "Staff keep in touch, so I know [person's name] is well looked after." Before people came to live at the service a member of staff completed an assessment which included gathering information about people's interests, likes and dislikes to ensure that people received care and supported tailored to their individual needs and preferences. These details were then recorded to enable staff to respond effectively to people's individual needs. One person told us about what activities they enjoyed and how often they did them; we saw that care records reflected this.

Records contained information about what was important to people and then gave specific details about people's diverse needs. This included how a person liked to communicate and their food preferences.

Staff could describe people's needs and choices in detail and understood what was important to each person. Staff told us that there was information available about people's needs and preferences and this helped them support and care for each person in the way they preferred. We saw that the ways in which people liked to be given information had been considered and this helped staff to put people at ease with their approach. For example, we saw people being given lots of notice about things that were about to happen so that they could prepare themselves and avoid feeling anxious.

When people's needs changed we saw that their care records were reviewed and updated. This meant that staff had the most up to date information about, for example, a person's health needs and could therefore provide them with the right support. Care plans and records were detailed and focused on topics like 'How to support me well' and 'What's important to me' which helped staff who didn't already know the person. We saw that care plans included a summary of do's and don'ts to avoid confusion or mistakes with people's care and support. We saw staff praised one person for something they had done and saw that this was included as a prompt for staff in their care records.

People told us they were supported to follow their interests and hobbies. One person said "There's lots to do here." We heard from relatives about people being supported to go swimming and to pottery classes. Two people told us that they had recently been to Blackpool for the day and had really enjoyed themselves. Another person said that they were going to watch football next week, and that they were pleased that the member of staff going with them also enjoyed football. We saw people doing things they enjoyed such as having their nails painted, reading the newspaper or spending time on their computer. People were confident that they were supported to take part in things they enjoyed and staff involved them in planning so they knew when and where things were happening.

Some people did not communicate using words and one staff member told us "I can tell from their facial expression if they are happy with the option or not, it's just a case of getting to know people well." People were regularly asked for feedback about the service and asked how it could be improved during meetings with their keyworkers or at resident's meetings. We looked at notes from one person's key working meeting and saw they had said "I like living at Coleman Street and I receive good support from all the staff." Another person said "[name of person] likes that the staff allow them to come to the house and help". One to one meetings took place monthly and these included staff asking people to give feedback on the way that the service was run. Certain items were on the agenda for each meeting; these included the food menu and concerns or complaints.

The provider had a complaints policy in place, which was available in formats that people could understand, and the service listened to feedback and responded to complaints in a timely manner. Relatives told us that they knew how to complain if they needed to. One relative told us "It was the first time I had complained and it was actioned straight away." Resident's meetings took place regularly and relatives were also welcome to attend, notes were made at the meetings so that action could be taken. Where people had raised concerns we saw that the manager had listened to what people had to say and taken appropriate action to address their concerns. The manager was aware of things that people felt required attention, such as the telephone system, and had taken action towards resolving the concerns raised by people and their relatives.



# Is the service well-led?

## Our findings

Relatives we spoke with had no concerns about the quality of care at Coleman Street. They described a friendly atmosphere at the home and explained that staff were always willing to help. Relatives and staff we spoke with expressed their confidence in the manager. One relative told us “The manager has been brilliant, they work really hard.” We saw that people had an open and warm relationship with the manager, they were comfortable approaching them, and staff confirmed that there was a culture of honesty and openness at the service. One staff member told us “I think the service is well managed because the manager always acts in people’s best interests.” The staff member went on to give an example of how the manager considered every person’s needs when supporting staff to plan activities and trips out. Another staff member told us “The manager is good; I have raised concerns and seen them actioned.” The manager held regular staff meetings which enabled staff to share best practice as well as discuss concerns or give feedback. One staff member told us “Every day I learn something new, I like my supervisions, I get to express how I want to improve and I get support from the manager.”

We spoke with the registered manager and found they were knowledgeable about all aspects of the home and understood their responsibilities as a registered manager. Records showed that the provider met legal requirements and notified us about things they are required to by law. The registered manager told us they had an ‘open door’ policy whereby people who used the service, relatives and staff were encouraged to speak with the manager at any time. The registered manager spoke with us openly about incidents that had occurred, and was honest about where improvements needed to be made. There was a clear management structure and staff knew people’s roles and responsibilities. Staff told us they saw the area manager regularly and so felt confident to approach them if they had

concerns. Staff we spoke with told us that they had been given information about the ‘Whistleblowing’ procedure if they needed to raise concerns with appropriate outside agencies, such as local authorities or the Care Quality Commission (CQC).

When we arrived at the service the registered manager was supporting a person to clean their room. They told us they liked to lead by example, and being involved in people’s support gave them a better understanding of the needs of people living at the service. We saw that the registered manager used a variety of ways to try and gain feedback from people in order to make any required improvements. These included; regular 1 to 1 meetings with people who use the service, with specific opportunity for people to raise concerns or complaints, residents meetings, and annual service reviews. Information had been provided in an ‘easy-read’ format, for those who needed it, to give people the best opportunity to express their views and ideas. We saw that points raised in one meeting were reported on at the next meeting and that people were involved in making decisions. The service had a development plan that was formed largely from the feedback given by people and their relatives, highlighting areas for improvement.

We heard from staff about how the manager and provider tested the quality of training they received by asking them questions about their learning in one to one meetings. In an audit carried out by the provider in July 2015 we saw that they had recorded that they had asked staff about their understanding of the Mental Capacity Act and concluded that staff had a good knowledge of this topic. We saw that the provider had a range of quality monitoring systems in place. Regular audits were carried out which covered areas such as health and safety, fire safety, legionella checks, management of medicines and monitoring of accidents and incidents. Where areas for improvement had been identified we saw timescales for actions to be completed.