

Voyage 1 Limited

Dawson Road & Whateley Road

Inspection report

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

This inspection took place on 17 December 2015 and was unannounced. At our last inspection on 20 January 2014, the provider was meeting all the regulations that we assessed.

Dawson Road and Whateley Road is registered to provide accommodation and personal care for up to 12 adults who lived with a learning and physical disability with complex needs. At the time of our inspection 12 people were living at the home.

There was a registered manager in post. 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.

The provider had management systems in place to audit, assess and monitor the quality of the service provided. Although these were not always effective at ensuring repair work was completed in a timely way.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm

There were enough staff, who were safely recruited and had received appropriate training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to stay healthy and accessed health care professionals as required.

People were treated with kindness and compassion. We saw that care was inclusive and people benefitted from positive interactions with staff.

People's right to privacy was promoted and people's independence was encouraged where possible.

People received care from staff that knew them well. People benefitted from the opportunities to take part

in activities that they enjoyed and what was important to them.

Staffs were aware of the signs that would indicate that a person was unhappy, so that they could take appropriate actions. Information was available around the home in easy read formats for people.

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 were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

Risks to people was appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that knew them well and who were caring.

People's dignity, privacy and independence were promoted as much as possible and maintained

People were treated with kindness and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with their relatives.

Complaints procedures were in place for people and relatives to voice their Concerns. Staff understood when people were unhappy so that they could respond appropriately.

Is the service well-led?

The service was not consistently well led.

The provider had systems in place to assess and monitor the quality of the service. However, they had not been consistently effective in ensuring repair work was carried out in a timely manner.

Relatives said the registered manager was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Requires Improvement 

Dawson Road & Whateley Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 December 2015 and was unannounced. The membership of the inspection team comprised of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for someone who has a learning disability and autism.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service.

During our inspection we met with most of the people living at Dawson Road. People living at Dawson Road have learning and physical disabilities and additional complex's needs. People had limited verbal communication and were not able to tell us how they found living at the home. We saw how staff supported people throughout the inspection to help us understand peoples' experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the registered manager, the operations manager and five care staff. We spoke with seven relatives of people by telephone. We looked at the care records of three people, the medicine management

processes and records maintained by the home about recruitment, staffing and training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

Is the service safe?

Our findings

People using the service were unable to tell us how they were kept safe from risk of harm. We saw that people looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate manner to keep people safe. For example, staff had devised a way for one person to get off their bed independently and safely, without risking injury to themselves. People's relatives told us that they had no concerns about their family member's safety. One relative told us, "[Person's name] has regular seizures and they [staff] manage them safely." Another relative said, "I trust the staff but if I had concerns I would speak to the manager and if I needed to, the Commissioners."

Staff told us they had received training in protecting people from abuse and they were knowledgeable about the different types of potential abuse. Staff recognised that changes in people's behaviour or mood could indicate people may have been harmed or they were unhappy. The provider had procedures in place so staff had the information they needed to respond and report concerns about people's safety.

Staff spoken with was knowledgeable about the risks to people. Care records we looked at showed that the risks to people had been assessed and plans were in place to manage this risk. We saw that people were supported in accordance with their risk management plans. For example we saw people being transferred from their wheelchair to a chair. This was completed safely through reassurance and good interactions between the staff and the person they were supporting. Staff were aware of the risks to people within their home, such as access to the kitchen and supported people in accordance with their written plan.

Overall, staff and relatives felt there was sufficient staff to meet people's needs. One relative told us, "I always see plenty of staff around, I don't think they are short staff." Another relative said, "There seems to be a good ratio of staff to people." However, some of the staff felt there could be a few more staff. One staff member said, "When someone is off this can sometimes mean we can't take people out as often as we would like." A relative told us, "I always want to see more staff. People don't suffer because of staff shortage, but they could do extra outings with more staff." On the day of our inspection we saw that people did not have to wait for support from staff and there was enough staff to take people out to the shops. When there were unplanned staff absences these were usually covered by staff working additional shifts. This ensured people were supported by staff that knew them well and maintained consistency of care.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work, including references and checks made through the Disclosure and Barring Service (DBS). We looked at two staff files and saw that recruitment processes had been followed ensuring staff were suitably recruited to safely support people living at the home.

Relatives told us they had no concerns with their family member's medicine. One relative said, "They [staff] always give medicine on time, no problems." Another relative told us, "The staff manage all [person's name] medicine and I am happy for them to do that." We looked at the systems for managing medicines in the home and found that there were appropriate arrangements in place for the safe handling of medicines. We saw that people's medication was stored safely. Staff told us that only nursing staff gave people their

medicines. We saw there were appropriate systems in place to ensure medicines were received, recorded, returned and destroyed safely.

Administration records had been completed to confirm that people had received their medicines as prescribed. Some people required medication on 'as and when required' basis. Staff knew when people would need their 'as and when required' medicine and guidance on when to give this was available for staff.

Is the service effective?

Our findings

Two people were able to indicate to us, through their facial expressions, that they liked living at the home. Relatives spoken with felt staff had the skills to meet people's needs. One relative said, "I don't know what qualifications staff have got but they are always doing different things with [person's name]." A second relative told us, "Staff definitely have the skills [person's name] needs to support him." A further relative said, "Staff are skilled, they know exactly what they are doing or when anything is wrong, I don't know where everyone would be without staff like these." All of the staff spoken with said that they had received the training they needed in order to do their job effectively. One staff member said, "The training is brilliant, really good." Another staff member said, "We have all of the training that is required." The registered manager explained how some staff had received additional training from the provider to deliver training in-house to support staff. We saw that staff had received appropriate training and had acquired skills they required, in order to meet people's needs.

Staff told us that they felt supported and that the manager was approachable. They told us there was an open door policy and the manager would assist with the care and support needs of people. One member of staff said, "I don't know how she (registered manager) does it, she's always on the floor and managing the home." Relatives felt assured by the registered manager, one relative told us, "She would definitely ring me if there was anything she needed to explain and I would have no concerns in contacting her." We saw that the manager was accessible and available; staff freely approached the manager for guidance and advice when needed.

We saw people that lived at the home may not have the mental capacity to make an informed choice about some decisions in their lives. Throughout the inspection we saw staff cared for people in a way that involved people in making some choices and decisions about their care. For example, staff encouraged people to choose what they wanted to eat and drink. One staff member told us, "We use picture cards and we choose the one that people point to." We saw that staff understood people's preferred communication styles and used these to encourage the person to make informed decisions. Where people lacked the mental capacity to consent to decisions about their care or medical treatment, the provider had arrangements in place to ensure decisions were made in the person's best interest. A relative told us, "They [staff] involve and ask me about everything - they know they shouldn't make decisions without my involvement."

Staff told us that they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions that these are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. We saw the provider had made applications for all of the people using the service to the Statutory Body to authorise the restrictions placed upon them. The provider had acted in accordance with the legislation and people's rights were protected.

The home had a menu planning system that used photographs of food so people could make a decision about what they wanted to eat. Staff spoken with were able to tell us about people's nutritional needs and

knew what people's food likes and dislikes were. One staff member told us, "If [person's name] doesn't like something they will soon let you know through their facial expressions or they turn their head away." At lunch time we saw that staff supported people individually to eat and people who could were encouraged to eat independently. People appeared to enjoy their meal and we saw they were supported to make a choice of what they wanted to drink with their meal by pointing to their preferred choice.

People looked well cared for. Relatives spoken with thought that their family member's health needs were being met. One relative said, "The staff are always very quick to call the doctor in when [person's name] is not well." We saw from care records that people were supported to access a variety of health and social care professionals. For example, psychiatrist, dentist, opticians and GP, as required, so that their health care needs were met.

Is the service caring?

Our findings

The atmosphere within the home was warm and welcoming. The hallway and living areas had been tastefully decorated with festive trimmings. One relative said, "It is absolutely fabulous here." A second relative told us, "Staff always go that extra mile." We saw that the interactions between people using the service and staff showed that they had good relationships. Conversations were sensitive, caring and respectful. For example, staff positioned themselves so that they could speak with people face to face. This was important as some people had difficulty in raising their head and would not always be able to see who was speaking with them. A member of staff said, "I love working here and supporting everyone." Another member of staff said, "We all have a genuine affection for people who live here."

We saw that staff knew people well and could tell when people were happy or becoming anxious. For example, one person wanted to return to their room and was becoming anxious. The staff member recognised the person's distress and asked them if they wanted to return to their room. The person indicated they did and the staff member took the person to their own bedroom to relax. Most of the staff had worked at Dawson Road over a long period of time and this had provided stability and consistency of care for people. Staff knew people well. Another person became anxious and needed reassurance from staff; we saw that they received this from staff in an understanding way offering reassurance in a calm and gentle manner. Staff demonstrated in their actions that they were able to interpret people's non-verbal behaviours so that they could respond to what the person wanted.

Care plans we looked at celebrated people's individual qualities. For example, characteristics about people's personality and their sense of humour. They also provided information about their health care and support needs

We saw that there was information available to people in accessible formats so that they could make choices and make decisions about their care. Such as what they ate, what they wanted to do and where they choose to spend their time. Staff supported people to do what they wanted. For example, one person chose to stay in their room and listen to music and staff respected this decision.

We saw people's privacy and dignity was promoted. People could spend time in their room so that they had privacy when they wanted it. Staff spoke to people respectfully and personal care was delivered in private. Staff made sure that bedroom and bathroom doors were closed and did not speak in a loud manner that could be heard in the corridors, preserving people's dignity. We heard staff addressing people by their preferred names or terms of address that were age appropriate. People were dressed in their own individual styles of clothing that reflected their age, gender and personality. We saw staff were polite. Staff we spoke with explained how they promoted people's privacy and dignity. People were supported to be as independent as possible. For example we saw two people were offered the opportunity to assist staff in the kitchen, if they wished.

Is the service responsive?

Our findings

We saw that staff knew people well and they knew what people liked. People had all been assigned a key worker. A key worker is a member of staff that works with and act on behalf of the person they are assigned to. People met with their key worker weekly and planned what activities they would like to do and what they would like to eat for the following week. Weekly activity plans were developed from these meetings. At the time of the inspection, the provider was in the process of updating their accessible format in respect of activities and it was not available for us to see. However, we saw current activity plans were all different and reflected each person's interest and hobbies.

We saw that all people living at the home had their own room. Bedrooms were decorated to reflect people's individual taste and interests. Rooms contained items and pictures that were important to the person. Staff supported people to celebrate events and photographs of parties that had taken place to celebrate birthdays, Christmas and other events were on display around the home. We could see people had enjoyed themselves.

Throughout our inspection we saw that people had things to do that they found interesting. For example, a number of people went out in the mini bus with staff to purchase tickets for an upcoming event. One staff member told us, "We try to take people out every day when we can either for a walk to the park and garden centres. [Person's name] has just come back from the shops, they love to shop for new clothes."

Staff supported people to maintain the relationships that were important to them. All of the relatives we spoke with told us that they were able to visit at any time. One relative told us, "Friday night is a special night for takeaways and video which I am invited to." Another relative said, "It's like a second home. The atmosphere is lovely." People were supported to visit their relatives and stay overnight if they wished.

Relatives we spoke with knew how to make a complaint. People living at the home would not be able to say if they were unhappy, however, staff knew the things that people didn't like and what would upset them. We saw that staff recognised when people were unhappy and were able to respond to them appropriately. The provider had a complaints procedure in place and there had been one complaint since the last inspection that was currently being investigated and had not yet been concluded.

Is the service well-led?

Our findings

We saw that there were systems in place to audit and monitor the quality of the service. Where audits had taken place and an action identified, a plan was developed so that the provider could monitor that actions were completed in a timely way. However, we saw and staff confirmed that following a refurbishment at the home, there had been a significant delay in replacing a bath in a bathroom and monitoring had not ensured the work was completed in a timely manner. The registered manager explained what measures they had taken to progress the works. There had been an impact on some people. Staff had supported them through a transition of change from using a bath to a shower. For people with a learning disability and/or autism, changes to their daily routine can cause upset and confusion.

We spoke with the operations manager who told us they had returned to work following a leave of absence and were 'disappointed' to see the works had remained outstanding. They could not say why or what had happened to contribute to the delay. There had been some changes to senior management and it was felt that on this occasion, the matter had 'slipped through the net.' The operations manager acknowledged it was not to the 'usual high quality standards' of the provider. Although, since the operation manager returned to their role, we saw progress had been made. Work commenced in the bathroom on the day of our inspection.

Staff spoken with felt supported and were confident they could approach the manager and be listened to. Staff were clear about their responsibilities and all said that the people who used the service were central to the care they provided. There were regular staff meetings and the records we looked at showed staff could contribute to the agenda. Staff all told us that they felt listened to and were able to give an example of things that had changed as result of their contribution to these meetings. For example, some staff asked if they could receive additional training that enabled them to provide peer support to their colleagues.

We saw the registered manager had an open door policy. One relative told us, "There isn't anything I would change about the home." Another relative said, "I think the home is well managed, the manager is always around and happy to speak with me when I ring." A further relative told us, "The acid test is how happy [person's name] is in that environment and he is." Staff told us they regularly went to see the registered manager and confirmed she would help staff around the home. One member of staff said, "I absolutely love it, it's such a rewarding job," another staff member told us, "We are all supportive of each other, the manager is lovely very approachable." Another third staff member said, "It feels like a family, we all get on really well." We saw the registered manager was visible within the home. The provider had a whistleblowing policy and staff told us they would have no concerns about whistleblowing and felt confident to approach the registered manager. They confirmed if it became necessary they would also contact Care Quality Commission (CQC) or the police.

We saw the provider held house meetings with people. We saw staff supported people with feedback questionnaires that were in an easy read picture format for people to understand. Relatives we spoke with told us they were satisfied with the care their relative received. A relative said, "We have recently completed and returned a questionnaire" The registered manager explained how they collated the feedback and used

the information to develop and improve the service.

There was a registered manager in post who had provided continuity and leadership in the home. We saw that accidents and incidents were logged so that learning could take place from incidents. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.