

Voyage 1 Limited

Brookvale Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

At the last inspection in December 2015, the service was rated 'Good'. At this inspection, the service continued to be good.

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

Brookvale Road provides care and accommodation for up to three people with a diagnosis of a learning disability or autistic spectrum disorder. There were three people living in the home at the time of our visit.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service is required to have 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 and associated Regulations about how the service is run. At the time of our visit the registered manager had been in post for four years.

People felt safe living at Brookvale Road. There were enough staff to respond to people's needs in a timely way. Staff turnover was low and there were no staff vacancies. The provider's recruitment procedures minimised, as far as possible, the risks to people safety.

Procedures were in place to protect people from harm and staff knew how to manage the risks associated with people's care. No accidents or incidents had occurred in the previous 12 months.

The home was clean and well maintained. Regular checks of the building and equipment took place to make sure they were safe to use.

New staff were provided with effective support when they started work at the home. Staff were confident the training they received gave them the knowledge and skills to meet people's needs effectively.

The provider was working within the principles of the Mental Capacity Act (2005). Staff respected the decisions people made.

Staff were friendly and caring. They enjoyed spending their time with the people who lived in the home.

Staff were responsive to people's needs and supported people to make and communicate their choices. Because staff knew people well they knew how they preferred their support to be provided.

People chose what they wanted to eat and we saw people were offered nutritionally balanced meals.

People's medicines were stored and administered safely. People received the care and treatment they required from health professionals. The home worked in partnership with key organisations to ensure people received joined-up care which met their needs.

People chose to take part in a variety of social activities which they enjoyed.
People were supported to be independent and staff respected people's right to privacy.

People were happy with how the home was run and they were involved in planning and reviewing their care. They told us they felt listened to and they had opportunities to feedback on the service they received.

Effective systems to monitor and the review the quality of the home were in place.
Staff told us they enjoyed working at the home. Staff morale was high and communication and team work was good. Staff had opportunities to contribute their ideas to share suggestions and good practice.

People knew how to make a complaint and felt comfortable doing so. The management team were responsive to people's feedback.

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.

Brookvale 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.

The inspection took place on 16 November 2017 and was announced. We gave the registered manager 48 hours' notice of the inspection visit because it is small and the registered manager works at the home one to two days per week. We needed to be sure that they would be in. The inspection was conducted by one inspector.

Before the inspection visit we reviewed the information we held about the home. We looked at the statutory notifications that had been sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority commissioners. Commissioners are people who contract with the service, and monitor the care and support people receive when services are paid for by the local authority. They did not have any information to share with us.

The provider had also completed a Provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information reflected the service we saw.

We spoke with one person who lived at the home during our visit. Other people had limited verbal communication and were not able to tell us about their care because of their complex needs. Therefore, we observed how care and support was delivered in the communal areas and reviewed two people's care plans to see how their care and treatment was planned and delivered. We also spoke with the registered manager, one support worker and the operations manager.

We looked at other records related to how the home operated. This included checks the management team took to assure themselves that people received a good quality service.

Following our visit we spoke with two people's relatives via the telephone to gather their views.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

The atmosphere at Brookvale Road was calm and relaxed. One person said, "It's safe and secure here, we always make sure the front door is locked so strangers don't come in." We saw people responded positively when approached by staff. This demonstrated people felt comfortable and confident with staff.

There were enough staff to respond to people's needs in a timely way. The registered manager explained there were no staff vacancies, the turnover of staff was low, and no agency staff were used. A staff member commented, "We are a small consistent team."

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Relevant checks were completed before staff worked in the home. These checks included references and a Disclosure and Barring Service (DBS) check.

Staff were knowledgeable about the risks associated with people's care. Risk assessments were in place for identified risks and the support people needed to reduce and manage the risks. For example, one person had a fear of dogs and could become anxious if they saw one. To reduce this fear we saw staff used a consistent approach to positively engage with the person which reduced their anxieties.

Procedures were in place to protect people from harm. Staff received training and knew to follow procedures to safeguard people from abuse. The registered manager understood their responsibilities to keep people safe. No incidents of a safeguarding nature had occurred since our last inspection.

A system to monitor accidents and incident that happened in the home was in place. Records showed none had occurred in the previous 12 months.

People received their medicines as prescribed. Medicines were securely stored and staff were trained in administering medicines; their competence to do this safely was assessed regularly. One person administered their own medicines. They told us, "I take my own tablets; staff always check I've taken them." There was clear guidelines for staff to follow to ensure the person had taken their medicines as required.

The home was clean and well maintained. Our discussions with care workers assured us they understood their responsibilities in relation to health and safety infection control. In September 2017 a Food Hygiene inspection completed by the local authority had achieved a 5 star rating. This meant food preparation was well managed.

Records looked at demonstrated regular checks of the building and equipment took place to make sure they were safe to use. A recent check had identified the tumble drier had not been working correctly. We saw this was repaired during our visit.

There were processes to keep people safe in the event of an emergency such as a fire. One person said, "We have fire drills we go out onto the drive if the alarm goes off." People had personal fire evacuation plans which meant staff and the emergency services would know what support people required to evacuate the building safely.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill and understanding to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and the rating continues to be Good.

One person told us, "Staff are very good, they do training on the computer, they are good at their jobs." A relative said, "Staff are skilled, they have a good way with people."

Staff were confident the training they received gave them the knowledge and skills to meet people's needs. They had received an induction which included shadowing more experienced colleagues and working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. The staff team also had opportunities to complete additional qualifications, such as social care diplomas.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

Care plans contained mental capacity assessments which were decision specific and individual to the person. All of the people who lived at the home had been assessed and some did lack capacity to make all of their own decisions. A best interest decision had been made for one person who lacked capacity to consent to medical treatment. The outcome of this decision was recorded. Authorisations to deprive some people of their liberty had been sought and approved in line with legislation.

The registered manager and staff had a good understanding of the principles of the MCA. They gave examples of applying these principles to protect people's rights, such as, respecting people's decisions to refuse care.

Assessments of people's support needs had been carried out prior to them moving into Brookvale Road. Assessments included people's physical and emotional needs. Care plans had been developed from people's assessments that informed staff what care and support people needed and how they liked this carried out.

People were involved in decisions about how their home was decorated. For example, one person said, "I am really happy. My bedroom is being totally re-furbished; I've chosen a new carpet and a new bed." Staff recognised this gave the person ownership of their room.

We saw staff supported people to make and communicate their choices. People were shown food and drink choices as a visual prompt to support their decision making. People pointed to their preference. The registered manager explained they were in the process of implementing picture boards to support people

further to make more choices.

People chose what they wanted to eat and we saw people were offered nutritionally balanced meals. One person explained they cooked their own meals and often went shopping to choose food they enjoyed to eat.

Is the service caring?

Our findings

At this inspection we found staff provided the same level of caring support as at our last visit. The rating continues to be Good.

One person told us, "All staff are lovely, they are like my family." A relative said, "I am very happy with the care, it's wonderful, staff are brilliant."

Staff told us they loved working at the home because they enjoyed spending their time with the people who lived there. One staff member explained because they had worked at the home for many years they had built up meaningful relationships with people and their families.

We spent time in communal areas of the home and we saw interactions between people and the staff were always positive. Staff approached people with friendliness and spoke about them with warmth and affection. Staff also watched people's body language, to find out what they liked and disliked. Staff said this helped them to gain an understanding of how people wanted their care to be provided.

One person told us their right to privacy was respected by the staff because they never entered their bedroom without their permission. We saw staff discreetly asked people if they needed assistance with their personal care and this was provided in their bedroom with the door closed to maintain their dignity.

The staff team continually supported people to be as independent as they wished to be. For example, one person told us staff were supporting them to set up a new bank account so they could manage their own money. Staff told us they encouraged another person to wash their own hands and face when they supported them with their personal care. Where possible, staff also involved people in tasks and jobs around the home to encourage them to maintain their everyday living skills such as completing laundry tasks and cleaning their home.

Records showed people and their relatives were involved in planning their care with a member of staff who knew them very well. One person explained they had meetings to talk about their care every few months and that staff read out information to them as they understood the information presented in this way.

People were encouraged to maintain relationships important to them and there were no restrictions on visiting times. One person had a mobile phone and they told us they telephoned their relatives whenever they wanted to.

Confidential information regarding people was kept locked so people were assured their personal information was not viewed by others.

Is the service responsive?

Our findings

At our last inspection the home was rated as 'Good' in their responsiveness towards people. At this inspection people who lived at the home continued to receive good, responsive care.

Staff were responsive to people's needs and had a good knowledge of how they preferred their support to be provided. Staff understood the way people preferred to communicate which included using pictures and gestures. This helped them to understand what people were trying to tell them.

People mattered and all staff spoke with pride about the people they cared for and promoted a sense of achievement. For example, one person went to a local supermarket to purchase items for themselves and others. They told us, "It makes me feel useful and part of the home."

Staff described to us in detail people's preferred routines and behaviours. For example, one person pushed their food away if they did not want to eat it. Another clapped their hands when they felt happy. Care and support had been planned in partnership with people and their families and in a way that met their personal goals and care needs. Care plans were person centred and contained detailed information about people's preferences and daily routines. For example, one person enjoyed being outside and feeling the wind on the face. We saw they often enjoyed going for walks in a local park.

Staff told us communication in the home was good. Any changes in people's health or wellbeing were shared when new staff arrived for their shift and recorded in a communication book.

A keyworker system ensured people were supported by a consistent named worker. Staff confirmed they had enough time to read people's care plans. This meant staff had up to date information about people's health and wellbeing.

People chose to take part in a variety of social activities which they enjoyed. On the day of our visit one person used public transport to go shopping in a local town centre. Other people chose to access a local community sensory room. A sensory room is a room which combines a range of stimuli to help individuals who have autism to engage their senses. A staff member explained this had a positive effect on their wellbeing because it made them calm and relaxed.

All of the people who lived at the home had autism. We were made aware the service was working towards gaining a national accreditation with a recognised specialist autism organisation. We discussed this with the operations director who explained this would be achieved by up skilling the registered manager to 'think outside the box' and be creative in their approach when supporting people. The registered manager commented, "I will share my new knowledge which will support people to experience different things, I am excited about it."

Information on how to make complaint was displayed in the home in a format people could understand. One person told us they would tell (registered manager) if they were unhappy about anything. A relative

commented, "Nothing to complain about, it's all great." Records showed no complaints had been received since our last inspection.

Is the service well-led?

Our findings

At this inspection, we found the home continued to be as well-led as we had found during the previous inspection. One person said, "The manager is great." A relative told us, "I've no worries about how the home is run." The rating continues to be Good.

The registered manager had been in post for four years and had many years of experience working in health and social care. They worked at the home one to two days each week, and were available to support staff by telephone the rest of the time. In their absence a team leader supported staff. During our visit we saw the registered manager was a visible presence in the home and worked alongside the staff team to support people. This approach ensured they had an overview of how staff were providing care and support to people. The operations manager said, "I am delighted with the manager's enthusiasm and commitment to providing good care to people."

The home worked in partnership and shared information with key organisations such as, psychiatrists and social workers to ensure people received joined-up care which met their needs. Some links with the local community had been formed which included a local church and a community centre.

Staff told us they enjoyed working at the home, staff morale was high and team work was good. They confirmed they had opportunities to attend staff meetings and contribute their ideas to share suggestions and good practice. This made staff feel valued and listened to.

There were effective systems to monitor and review the quality of the home. The management team and the provider completed regular checks to identify any issues in the quality of the care provided. This helped to drive forward improvements. For example a recent audit had highlighted the microwave was not working correctly. We saw a new microwave had been purchased.

The management team were responsive to people's feedback. People and their relatives told us they felt listened to and their requests were promptly acted upon. Quality questionnaires were also sent out to gather people's views on the service they received. We saw questionnaires had been sent to people, their families and staff in March 2017. Nine responses had been received. The feedback had been analysed and showed no one felt any improvements were required.

The registered manager knew which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received notifications from the home as required. The registered manager understood the importance of us receiving these promptly so we could monitor the information and ensure any necessary actions had been taken. It is a legal requirement for the provider to display their ratings so that people are able to see these. We found their rating was displayed within the home and also on their website.