







Voyage 1 Limited Talbot Court

Inspection report

1-3 Jervoise Street
Carters Green
West Bromwich
B70 9LZ
Tel: 0121 525 3508
Website: www.carehome.co.uk

Date of inspection visit: 3 November 2014
Date of publication: 12/01/2015

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

Our inspection took place on 3 November 2014 and was unannounced.

The home is registered to provide accommodation and nursing care to a maximum of ten people. The people who lived there had a range of conditions the majority of which related to a learning disability. Due to their needs the people who lived there could not give a detailed account of their experiences about living at the home. On the day of our inspection only seven lived people there.

A manager was registered as is required by law. 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.

At our last inspection on 1 October 2013 the provider was meeting all of the regulations we inspected.

During this inspection staff we spoke with understood their responsibilities to protect people from harm and

Summary of findings

abuse. People and their relative's told us that the people who lived there were safe. We saw that there were systems in place to protect people from the risk of harm and abuse.

Our observations and conversations with staff and relatives confirmed that staffing numbers and the skill mix of staff was adequate to meet people's needs and to keep them safe.

We found that people were happy with the meals on offer. We saw that they were supported to have a nourishing diet and drinks were offered throughout the day so that they were less at risk of dehydration.

We saw that interactions between staff and the people who lived at the home were positive. Staff were friendly, polite and helpful to people.

We saw that people were supported to take part in individual interests and leisure time pursuits in the home and in the local community.

We found that people received care in line with their best interests. People who had restrictions placed on them to prevent the risk of harm were protected by staff that operated within the law.

Staff told us that they were provided with the training that they required. This ensured that they had the skills and knowledge to provide safe and appropriate care to people. Staff also told us that were adequately supported in their job roles.

We found that a complaints system was available for people to use. Relatives told us that if they raised issues that they were addressed satisfactorily.

We found that quality monitoring processes were in place to ensure that the service was run in the best interests of the people who lived there.

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.

Medication was managed safely to ensure that people had their medication as it had been prescribed.

Recruitment systems reduced the risk of the employment of unsuitable staff.

Staffing levels ensured that people's needs were met and that they were safe.

Arrangements were in place to prevent people being placed at risk of harm or abuse.<Findings here>

Good



Is the service effective?

The service was effective.

Systems regarding DoLS were adequate which would give assurance to the people who lived at the home and their relatives that people would not be unlawfully deprived of their liberty.

People were offered adequate food and drink and supported to eat and drink to promote their good health.

Staff were trained and supported appropriately to enable them to carry out their job roles.

Good



Is the service caring?

The service was caring.

People and their relatives described the staff as being kind and caring.

People's dignity and privacy were promoted.

People were given choices and were supported to maintain as much control as possible about daily decision making.

Staff ensured that people dressed in the way that they preferred and that they were supported to express their individuality.

Good



Is the service responsive?

The service was responsive.

When relatives had raised issues the staff had listened and responded accordingly.

People could participate in recreational pastimes that they enjoyed.

Staff had responded well to meet people's changing care needs.

Good



Is the service well-led?

The service was well led.

The manager was registered with us as is required by law.

Good



Summary of findings

Audit systems were in place to ensure that staff followed instructions and that the service was run in the best interests of the people who lived there.

Support systems were in place to ensure staff could ask for advice and reassurance at all times.

Talbot Court

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.

Our inspection took place on 3 November 2014 and was unannounced so no-one knew we would be inspecting that day. The inspection team included 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 by experience had cared for a person who had a learning disability.

Before our inspection we reviewed the information we held about the home. We also spoke with the local authority contracting team who told us that they were not aware of any issues. The provider completed a Provider Information

Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make.

On the day of our inspection we spoke with five people who lived at the home and six staff. Some people's needs meant that they were unable to verbally tell us their experiences of living at the home. Because of this we spent the majority of our inspection time in communal areas observing daily routines and the interactions between staff and the people who lived there. This helped us understand the experiences of people who were not able to talk with us. The manager was not on site during our inspection but we did speak with them by telephone. Following our inspection our expert by experience spoke by telephone to three relatives.

We looked at the care files for two people and recruitment and training records for two staff. We also looked at questionnaires that the provider had asked relatives and external visiting social and healthcare professionals to complete.

Is the service safe?

Our findings

All staff who we spoke with, told us that they felt that the people who lived there were safe. One person said, “Yes” and smiled to confirm that they felt safe. A relative told us, “They are safe. We are very pleased”.

We found that people’s medication was managed safely. The nurse on duty explained the provider’s medication policy for the receipt, disposal and the reporting of medication errors. Records that we looked at showed that staff had received training in how to manage medication appropriately and safely. We saw that medication was stored securely in locked cabinets and that a medication fridge was available for medication that required chilled storage in order for it to remain effective. The nurse in charge told us that on Monday’s (which was the day of our inspection) they always conducted audits to check that people had received their medication at it had been prescribed. We observed whilst the nurse audited the medication for the two people whose care we looked at. The audit demonstrated that the quantity of medication available was correct taking into account the amounts that had been received and what had been administered. We saw that the medication records had been completed and maintained. We observed the nurse giving people their medication. They explained to each person what they were doing. We saw that each person willingly took their medication. This gave assurance that people had received their medication as it had been prescribed, and in line with their care plan, to prevent poor health.

People who lived at the home were protected from harm and abuse. All staff we spoke with told us that they had received training and regular updates in how to safeguard people from abuse and knew how to recognise signs of

abuse and how to report their concerns. Staff told us that they felt confident that they could raise concerns about people’s safety with the registered manager and nursing staff and they would be acted upon.

Staffing was sufficient to appropriately support people and meet their needs. All staff we asked confirmed that staffing levels were sufficient to meet people’s needs. One staff member told us, “You know in the past we have had staffing number problems. They are fine now”. One person who lived there said, “Yes” and smiled to confirm that in their view there was enough staff. Regular visitors to the home also told us that in their view there were enough staff. One relative said, “There is always someone watching them”. Our observations showed that staff were available to supervise and meet people’s needs at all times. We saw that staff had time to interact and chat with people. At mealtimes we saw that there were enough staff to give people support and assist them to eat. During our inspection day staff were available to take people out to the shops so that they could buy personal items. All of the people were happy to go shopping they were smiling and chatting. A relative confirmed how much their family member enjoyed going to the shops.

Relatives we spoke with did not raise any concerns about staff attitude or behaviour. We found that safe recruitment systems were in place. All staff we asked confirmed that checks were carried out before new staff were allowed to start work. We checked two staff recruitment records and saw that adequate pre-employment checks were carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). This gave assurance that only suitable staff were employed to work in the home which decreased the risk of harm to the people who lived there.

Is the service effective?

Our findings

One person confirmed to us verbally that they were looked after as they wanted to be. All relatives who had regular contact with the people who lived at the home told us that in their view the service provided was effective. One relative said, “We are very pleased”. Another relative said, “We are happy with their care. They [The staff] give them what they need”. A recently completed provider’s questionnaire completed by a relative read, “There could not be a better place”.

We looked at care records then asked staff questions about the care and support that people needed. All staff gave us a detailed account of people’s individual needs and how they wanted to be looked after. This showed that the staff knew the people who lived there and their individual needs well which ensured that the care provided was effective.

We found that people’s mental capacity needs had been assessed and that consideration had been made to ensure that people’s rights were promoted and their freedom of movement was not restricted. Staff we spoke with had understanding and knowledge of Deprivation of Liberty Safeguarding process (DoLS) and their responsibility to the people who lived there regarding this. Staff told us, and records we looked at, confirmed that a DoLS referral had been approved by the local authority regarding one person’s situation which had recently been renewed. This showed that staff had followed processes as each DoLS approval only lasted for a specific amount of time.

We found that staff explained to people what they were doing and asked them for their approval before they gave them support. This included asking people if they would like to go to the bathroom or if they would like their hair brushed. Relatives we spoke with confirmed that their family members (the people who lived there) did not have capacity to make some decisions. They explained that the staff had involved them to give assurance that decisions made were in the people’s best interests so that they received their care as they wished to.

Relatives we spoke with told us that staff had taken effective action to defuse behaviours that challenged the service, and other people who lived there. One relative said, “[Persons name] displayed challenging behaviours previously but this is less now since they had settled at this home”. Staff we spoke with were trained and aware of the

action they should take regarding behaviour that challenged. One staff member said, “Diversion is very important to calm people”. During our inspection we saw that one person became agitated. We observed that the staff spoke with the person slowly and patiently. They asked the person questions which distracted and calmed them. We saw that the way the staff dealt with the person’s agitation was in line with their care plan. This showed that staff knew how to respond to the person’s individual needs.

We saw that mealtimes were flexible and responsive to meet people’s preferred daily routines. Staff told us that one person did not go to bed until the early hours and they were offered a late breakfast during the morning. We saw that pictorial menus were displayed on a notice board in the dining room that informed people what meals were being offered that day. Staff told us that they knew what people liked to eat and drink and would observe when new foods were introduced to gauge if people liked them. Our observations at mealtimes showed that the people who lived there enjoyed the food and drink provided. We saw that people readily took the food and drink that staff offered them and their facial expressions showed content. We saw that staff assisted people at an appropriate pace so as to give them time to eat.

Staff had the knowledge to ensure that food and drink offered to people would promote good health and prevent a deterioration of their condition, for example, in respect of the prevention of choking. We observed staff adding a thickening agent to a person’s drink. The staff member told us that the thickening agent had to be used to prevent the person from choking. We spoke with the cook who told us how they met people’s special dietary needs for example, the provision of pureed food. One relative told us that their family member had lost weight before they lived at the home. Since they had lived there they had gained weight. During the day we saw that drinks were offered regularly to people to prevent the risk of dehydration.

The staff provided care which prevented the risk of people’s conditions worsening and ensured that people’s health needs were met. We saw that hoisting equipment was provided to prevent a risk of injury. Relatives we spoke with told us that their family members were appropriately cared for. One relative confirmed that their family member had been assessed by a dentist regularly. They also told us that since they had been prescribed glasses by the optician, “They looked much brighter”. Another relative told us that

Is the service effective?

staff supported their family member to attend doctor and hospital appointments. Records that we looked at and staff we spoke with confirmed that when needed referrals had been made to request specialist health input for example, the tissue viability team, psychiatrist consultants or a speech and language specialist.

Staff told us, and records we saw, confirmed that induction training was provided before staff commenced their work and there was an on going training programme in place to ensure that they had the skills and knowledge to support people safely. Regular training increased staff knowledge and skill so that they could look after the people in their care appropriately and safely.

Is the service caring?

Our findings

People we spoke with told us that the staff were caring. One person told us that in their view all of the staff were kind. One relative told us, “The staff are very caring, very loving and softly spoken”. Another relative said, “I don’t worry about them. I know they are loved and well cared for”. A provider’s questionnaire recently completed by a relative read, “Without exception the staff are friendly, caring and attentive”. We saw that people were shown kindness and supported in a caring way by staff. For example, the staff sat with people and gave them time and attention. We saw that they touched people to offer comfort. People responded to this. Their facial expressions showed calmness and happiness.

We found by speaking to staff and looking at records that people who wished to were supported to maintain contact with family and friends. Relatives could visit when they wanted to and were made to feel welcome. A relative said, “They think about residents and their families”.

Records that we looked at had information about people’s lives, family, likes and dislikes. This provided staff with the information they needed about people’s preferences and histories to give them some understanding of their needs. All staff we spoke with were able to give a good account of people’s individual needs and preferences. This showed that staff knew the importance of providing personalised care to people to ensure that they were cared for appropriately.

A visitor commented in a recently completed provider questionnaire, “The residents always look clean and well cared for and they wear suitable clothes”. All staff we spoke with gave us a good account of people’s individual needs regarding their appearance. For example, staff knew that one person liked to have their hair cut regularly. We saw that people wore clothing that was appropriate for their age, gender and the weather. People told us and staff confirmed that they encouraged people to select what they wanted to wear each day and supported them to express their individuality.

We found that people’s privacy and dignity was promoted. All staff we spoke with were able to give us a good account of how they promoted dignity and privacy. One staff member said, “The door of their room is closed to promote dignity and we speak to them to give reassurance”. We observed that staff ensured that toilet doors were closed when they were in use. We also saw that staff knocked on people’s bedroom doors, and where possible waited for the person to respond, before attending to their care. Records highlighted that staff had asked each person their preferred form of address and we heard that this was the name they used when speaking to people. Records we looked at and staff we spoke with highlighted that some people liked to spend time alone in their bedroom or in the lounge. During our inspection we saw one person watching a film on their own in the lounge. They looked happy and content. A number of people told us that they liked to spend time alone in their bedroom. This showed that staff promoted people’s dignity and respected their privacy.

Is the service responsive?

Our findings

Staff had responded to information given to them to ensure that the person's needs were met in the way they preferred. One relative told us that they had asked staff to make changes to the way they provided support and cared. The relative confirmed that staff had responded to their request. Another relative highlighted that they wanted more communication and updates from staff. They said, "Lately communication has improved".

We found that staff were responsive to people's needs. For example, one person had required a more suitable wheelchair and another person a safety helmet to ensure their safety. Staff had made the required referrals and had followed up on the referrals to ensure that those items were secured to meet those people's needs.

Although staff felt that they could there could be improvements made we found that they considered the individual recreational and interest needs of each person. By looking at records and speaking with staff and relatives it was evident that staff had taken time to identify and meet people's individual interest and recreational needs. Some people had been on a recent outing to the cinema and theatre. We asked one person who went about their outing. They got very excited. They smiled, nodded and their facial expression showed happiness. It was clear they had

enjoyed the experience. A relative confirmed that this person really enjoyed going to the theatre and cinema. A staff member told us that one person liked to look at magazines. We observed the person looking at a magazine. We saw a staff member reading a book to one person. We saw that the person was calm and relaxed whilst listening. During our inspection staff asked the people who lived there if they would like to go to the shopping centre. People got very excited about this. They smiled and nodded their heads. One staff member confirmed that they were going to support one person to buy some Christmas presents for their family. The person was smiling and laughing. Another person told us that they were going to buy themselves some gloves. This showed that staff had supported people to go into the community which they liked to do.

We saw that a complaints system was in place. Complaints information was available in a written and pictorial format. Staff we asked gave us a good account of what they would do if a person or relative was not happy about something. Staff knew how to contact advocates for people to use if they wanted impartial support to deal with their complaints. People we asked told us that they would speak to staff if they were not happy. Two relatives told us that they had never had to raise any issues but would not hesitate to if they felt the need. Other relatives told us that if they raised any issues in general they were dealt with to their satisfaction.

Is the service well-led?

Our findings

Relatives we spoke with highlighted satisfaction with the leadership of the home. The provider had a clear leadership structure which staff understood. Relatives knew the registered manager by name as they did the staff. The registered manager was supported by a senior manager and had a deputy manager and nursing staff for day to day support and to deputise in their absence.

The registered manager had worked at the home for a number of years. There was a positive, supportive and inclusive culture. Staff had opportunities to contribute to the running of the home through staff meetings and supervision. One staff member said, "If we think things can be done better we are encouraged to say."

Staff we spoke with had an understanding of their role in reporting bad practice regarding for example concerns regarding other staff members conduct. They knew about the processes they should follow to report any concerns they may have.

We found that support systems were in place for staff. Staff told us that management were approachable and helpful. One staff member said, "There is always someone we can go to if we need to." All staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could contact. One nurse told us, "The other weekend I wanted to make sure that I was doing a task correctly. I telephoned the manager who gave me advice".

Records we saw and staff and relatives we spoke with told us that they had been asked their views about their care and the service provided. One relative said, "We filled in a questionnaire a few weeks ago". Another relative told us,

"We have recently completed a questionnaire". We looked at some provider questionnaires that had recently been completed by staff, external health professionals, people who lived there, and relatives. Comments on the questionnaires were positive. Where issues had been raised these had been addressed which was confirmed by a relative we spoke with. This meant that the people who lived there and their relatives had assurance that they were actively encouraged to voice their views.

We saw that 'formal' audits were completed regarding for example, medication systems and fire safety. We saw that where needed corrective action had been taken to make improvements. We saw the quality assurance processes that the provider had introduced. We saw that where non-compliance had been identified an action plan had been completed for improvements to be made. We looked at the action plans that had been produced after the audits were undertaken. We saw that the majority of issues raised had been corrected or addressed. This showed that the provider had taken appropriate steps to ensure steps were in place to instruct and monitor that staff were undertaking their job roles correctly.

We found some situations where a quicker response would have beneficial to the people who lived there. We saw that the carpet in the room where frozen food was stored was stained. We also saw that a shower tray (that was not used by the people who lived there) was rusty and in need of replacement. Staff confirmed that requests had been submitted and approved for those issues to be addressed. The nurse told us that approvals had been given some time ago. They thought that the delay was the suppliers fault. They told us that they would follow the process up for the work to be carried out.