

# Voyage 1 Limited

# Green Lanes

## 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

This inspection took place on 15 March 2016 and was an unannounced comprehensive rating inspection. The home has changed owner and this is the first inspection since being reregistered.

Green Lanes is registered to provide accommodation for up to seven persons who require nursing and personal care. At the time of our inspection there were seven people living at the location.

At the time of our inspection 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.

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.

Staff had been recruited appropriately and had received relevant 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 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 had access to health care professionals as required. They were treated with kindness and compassion and there was positive communication and interaction between staff and the people living at the location. Staff were aware of the signs that would indicate a person was unhappy and knew what action to take to support people effectively.

People's right to privacy was promoted and people were encouraged to be as independent as possible.

People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

The provider had management systems in place to audit, assess and monitor the quality of the service provided.

## 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 were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

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

People received their prescribed medicines as required.

### Is the service effective?

Good ●

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these 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 who were caring and knew them well.

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

People were treated with kindness and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that they enjoyed.

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 people who were important to them.

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?

Good ●

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

Relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

# Green Lanes

## **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 15 March 2016 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.

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.

During our inspection we spent time with all seven of the people living at the location. Some of the people living at the home had limited verbal communication and were not always able to tell us how they found living at Green Lanes. Therefore, as part of our inspection 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 and we also observed how staff supported people throughout the inspection to help us understand peoples' experience of living at the home.

We spoke with four people, two staff members, the manager and two relatives by telephone. We looked at the care records of four people, the medicine management processes and records maintained by the home about recruitment and staff 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 we spoke with told us they felt safe in the home and we saw that they looked relaxed in the company of staff. A person we spoke with said, "They [staff] are nice, I'm happy". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. One staff member explained that as some people have limited verbal communication they might have suspicions and concerns of abuse taking place if a person's behaviour characteristics changed, so were vigilant to look for these signs. Another staff member explained some of the physical or emotional signs that they would look for that might indicate that someone was at risk of abuse, "I would look for bruising, flinching, if they [people] were withdrawn or sad".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "Risk assessments are updated regularly". They also explained how staff maintained an ongoing evaluation of risk assessments during their daily work routine. They told us, "We look for trip hazards, and ensure water temperature is OK for washing". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans. Any changes that were required to maintain a person's safety were discussed and recorded during shift handovers.

The provider had emergency procedures in place to support people in the event of a fire and staff were able to explain how they followed these in practice. To ensure people were kept safe from potential harm. One member of staff told us, "I would raise the alarm, call the emergency services, make sure that people were safe and escort them to the evacuation point". They went on to explain that the doors in the home were fire resistant for up to thirty minutes to add further protection for people.

Everyone we spoke with felt there was sufficient staff working at the home to meet people's needs and keep people free from risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. We observed that there were enough staff available to respond to people's needs and that they were attentive when support was requested. A relative told us, "[Person's name] seems to get a lot of support". They went on to tell us that they had seen the staff rotas and felt that there were enough staff on duty to ensure people remained safe from risk of harm. A member of staff told us, "Everyone [person] has their own key worker to support them". The provider had processes in place to ensure that people were continually 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. We saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. We reviewed the provider's recruitment processes and these confirmed that staff were suitably recruited to safely support people living at the home. A relative we spoke with said, "The manager seems to recruit the right type of

staff". The manager told us how they prefer to employ their own bank staff rather than staff from a recruitment agency to ensure that people receive consistent care and support from staff that they know.

A relative we spoke with told us they had no concerns with their family member's medicine. They said, "They [provider] informs us if there's a change in [person's name] medicine". Staff we spoke with told us that they had received training on handling and administering medicines. We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they could recognise when people were in pain or discomfort and when medicines were needed on an 'as required' basis (PRN). For example, one staff member explained to us how a person who communicated differently would make an easily recognisable sound which staff understood to identify that they were in pain or discomfort. We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis. We saw care plans that identified how staff would recognise when a person was in pain.

## Is the service effective?

### Our findings

A relative we spoke with said, "They [staff] appear to be trained well, they know what they're doing". We saw that staff had received appropriate training and had the skills they required in order to meet people's needs. The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member explained how they had received training and support during the induction phase of their employment, which included core training, e-learning and shadowing more experienced members of staff. Another staff member told us how they were encouraged to identify additional learning and development opportunities that they would like to pursue, they told us, "[Manager's name] is responsive to any additional training requests".

We found that not all of the people living at the location were able to verbally express their needs; however from our observations we could see that staff knew how to support people. For example, we saw one person, who communicated differently, displaying signs of agitation. We saw staff supported and reassured this person to encourage them to relax as identified in their care plan.

Staff told us they had regular supervision and appraisals to support their development. One staff member told us, "We have supervision every month." We saw staff development plans showing how staff were supported with training, supervisions and appraisals. One member of staff said, "We can talk to the manager at any time if we need to". We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

We saw that not all of the people who lived at the home had the mental capacity to make informed choices and decisions about some aspects of 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 and support. Staff told us that they understood people's preferred communication styles and used these to encourage people to make informed decisions. One member of staff gave examples of the different ways they communicated with people so that they would understand and to give their consent. They told us, "People smile, nod their head, put their thumbs up or down". The staff member also told us how they use pictures as a form of communication. 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 in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA (2005) is important legislation that sets out requirements to 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 some 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. We saw that people were not restricted and moved freely around the home.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. One member of staff explained to us how they used de-escalation techniques



to support people, "I try to resolve issues by talking calmly". We saw that people's care plans had information of the types of triggers that might result in them becoming unsettled and presenting with behaviours that are described as challenging.

One person we spoke with told us, "The foods good, I had toast for breakfast and I like chips". Another person said "There's lots of food to eat. It's nice, they [staff] are good at cooking". A relative told us, "There's a variety of food available and they [people] plan the menus with staff". Another relative we spoke with said, "The food looks good, it always smells nice at Sunday lunch". We saw that people and staff sat down and ate their meals together, which enhanced the social aspects of mealtime.. The atmosphere was warm and inviting. We saw menus were available with photographs to help people make decisions about what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required and staff monitored people's food intake. For example, some people were on special diets and we could see that dieticians and the Speech and Language Therapy Team (SALT) had been involved in developing and supporting the provider in meeting their dietary and nutritional needs. Speech and language therapists assess and support people with communication problems and with people who have difficulties with eating and drinking.

We saw people making drinks and having snacks when they wanted to and fresh fruit was available for people to eat if they wished. Staff confirmed that they encouraged people to try healthy alternatives. One relative we spoke with told us how their family member was on the verge of developing a serious health condition and how the provider had put special measures in place to monitor and manage food intake to prevent this from happening.

Relatives spoken with thought that their family member's health needs were being met. One relative said, "[Person's name] has regular visits to the hospital; staff take her to appointments". We saw from care records that people were supported to access a variety of health and social care professionals. For example, psychiatrist's, dentists, opticians and their GP, as required, so that their health care needs were met and monitored regularly. One person we spoke with told us, "I go to the dentist every twelve months. I get anxious but they [staff] prepare me and I'm not too bad".

# Is the service caring?

## Our findings

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff and looked relaxed in their presence and appeared to be living a happy life. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted conversation between people and staff throughout our time at the home. We asked a person, if the staff were kind?. They smiled and said, "Tthey [staff] help me". The person appeared content and happy when responding to our questions. Another person told us, "I live with nice people".

We saw that staff knew people well and communicated effectively. Staff told us how they used pictures, communication cards and photographs to help people communicate if they needed support. A relative told us, "[Person's name] see's the staff as her friends, she talks to them a lot". A staff member told us how they understood what a person might want to do by them using a single key word descriptor. Most of the staff we spoke with had worked at the location for a period of time and this had provided stability and consistency of care for people. We saw that individual support plans documented peoples preferred style of communication.

We saw that the provider supported people to express their views so that they are involved in making decisions on how their care is delivered. We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff would support people's health care needs. A relative told us, "We're [relatives] involved in care planning. Any changes, we sit down and discuss them". We saw that plans were regularly reviewed and updated when people's needs changed.

We saw that there was information available to people in easy read formats, where applicable, so that they could make some choices and decisions about their care. Examples being, the use of pictures, communication cards and objects of reference. We saw that people were supported to make decisions about what they did, where they went and what they liked to eat and drink. One person we spoke with said, "There's a meeting on Thursday to choose food and trips". We saw that the provider had regular meetings with people to discuss how their care was delivered.

Information was available about independent advocacy services and we saw that some people had been supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported people to access advocacy to ensure they could fully express their views.

Staff we spoke with explained how they treated shared information from people confidentially. A staff member told us, "I keep things to myself. If they [people] are at risk, I'll explain to them why I need to talk to the manager".

Staff we spoke with and observations we made showed us that people were treated with dignity and respect. One member of staff we spoke with explained to us how they promoted people's privacy and

dignity within the home. They said, "I make sure the doors are closed [during personal care] and that they [person] are covered by a towel". We found that people could spend time in their room so that they had privacy when they wanted it and, a relative we spoke with told us that if they wanted to speak with their relative in private they just went to their room.

Everyone we spoke with told us there were no restrictions on visiting times. One relative told us, "There's no problem, I can go at any time. I come back if I've forgotten something, never any problems". Another relative told us, "We usually ring first but there are no restrictions".

Staff told us how they supported people to be as independent as possible, they explained how people were encouraged to help around the home, for example, with the laundry, housekeeping and shopping in order to promote their independence and develop/maintain life skills?.. We saw one person clear their own plates and cutlery up after a meal and switch the dishwasher on. People were moving around the home independently, making their own drinks and food. A staff member we spoke with told us, "If people are capable of making a sandwich, I like to suggest that they make it themselves".

## Is the service responsive?

### Our findings

We saw that staff knew people well and were focussed on providing person centred care. We saw that people were encouraged to make as many decisions about their support as was practicable. Relatives we spoke with told us they were all involved with their family member's care reviews and were in regular contact with the home about people's care and support needs. A relative told us, "We're involved in care plan reviews". We saw records of care planning meetings involving people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care. A staff member told us, "We read support plans, we talk and get to know them [people]. Their personal preferences can change". This showed us that staff read care plans and were flexible to people's changing needs.

We saw that staff were responsive to people's individual needs, they were focussed on what people wanted to do at any given moment. We saw an example of this when a member of staff had to leave the home to run an errand. One of the people wanted to go along with the member of staff, so they went out together. We observed staff responding to people's needs promptly when required, for example; one person had become tired and wanted to go to their room, a member of staff responded quickly and supported them to their room.

A person we spoke with told us, "I've got a nice room". A relative told us, "She's [person] having her room done in April, new wardrobes, she's picking everything". We saw that all people living at the home had their own rooms and choose whether to stay in them or join the communal areas. Rooms were clean and personalised to the requirements of the people.

Throughout our inspection we saw that people had things to do that they found interesting. One person told us that they liked visiting the local market and buying things of collectable interest to them. They also said, "I'm playing dominoes later, I'm good at it". Throughout our inspection we saw that people were engaged in activities that they found enjoyable and were supported to maintain their hobbies and interests. A relative we spoke with told us how their family member had been supported by staff to maintain their hobbies. A person we spoke with told us, "I like to do jigsaws and go horse riding". We saw that people were encouraged and supported to suggest activities they would like to do. One staff member told us, "There's no set activities, people do what they want". One staff member told us how two people at the home had taught her to knit. The manager explained that staff were always looking for new and interesting opportunities for people to access. We saw people returning from a local day centre and showing staff their individual books which record what they have done at the day centre.

Staff supported people to maintain relationships that were important to them. One person told us about regular days when they went out with their sister. Relatives were happy that they were able to maintain regular contact with their family members. One relative we spoke with explained how they were arranging a holiday with their family member.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. One relative told us, "There are no issues". They went on to

explain that they knew the complaints procedure and how to escalate any concerns if they needed to. The manager told us and records we looked at showed that there had not been any complaints made about the location since our last inspection. We found that The provider had a robust procedure in place which outlined a structured approach to dealing with complaints in the event of one being raised.

Relatives told us that they had completed satisfaction surveys and we saw that these had been used by the provider to enhance the quality of service provided for people living at Green Lanes.

## Is the service well-led?

### Our findings

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw evidence from house meetings that people, staff and families were involved in how the home was run. One staff member told us, "The manager is very easy to approach". Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. A staff member we spoke with said, "I feel comfortable to ask questions [at team meetings] if I need to". Another staff member explained how they felt valued in their role, "Staff are cooperative to my requests, I feel respected". We saw that the manager acknowledged good practice by staff at team meetings. One staff member said, "The manager is supportive and fair". They continued, "I'm happy with the way things are managed". A person we spoke with, told us, "[Manager's name] is nice, we talk a lot". Staff we spoke with told us that they felt that they were listened to by the manager. A relative we spoke with told us, "The managers very accessible". They also explained how they felt there was a positive attitude at the home between the manager, staff and their family member. Another relative told us, "The managers approachable, the homes managed well, I can't say anything's wrong".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

We saw that the provider promoted and encouraged good links to the local community. We saw that people had access to social groups and leisure facilities. We saw staff and people coming and going from the location on visits to local shops.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that quality assurance and audit systems were in place for monitoring the service provision at Green Lanes. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people. The manager told us that they worked in partnership with managers from other homes and they all carried out audits at each other's locations. This ensured that the location could be observed and assessed by other manager's to offer an objective appraisal of the service provided to support peoples care needs at Green Lanes. Other quality and safety monitoring processes included a property support team that was accessible to carry out any maintenance or refurbishment when necessary.