

## Voyage 1 Limited

# Voyage 1 Limited - 66 Dudley Street

## 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 

### Overall summary

The provider is registered to accommodate and deliver personal care to six people. People who live there may have a learning disability or associated need.

Our inspection was unannounced and took place on 2 March 2015. At our last inspection in July 2013 the provider was meeting all of the regulations that we assessed.

A manager was registered with us 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.

Staff followed the provider's procedures to ensure the risk of harm to people was reduced and that people received care and support in a safe way. We found that where people received support from staff with taking prescribed medicines, this was done in a way that minimised any risk to them.

# Summary of findings

People and their relatives told us that staff were available to meet their [or their family members] individual needs. We found that staff were trained and competent to support the people who lived there effectively and safely. Staff told us and records confirmed that they received induction training and the support they needed to ensure they did their job safely.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

Staff supported people with their nutrition and health care needs. We found that people were able to make decisions about their care and they and their families were involved in how their care was planned and delivered. Systems were in place for people and their relatives to raise their concerns or complaints.

People were encouraged, enabled and supported to engage in a range of recreational activities which they enjoyed. Staff supported people to keep in contact with their family as this was important to them.

Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs.

All people received assessment and treatment when needed from a range of health care professionals including their GP, specialist consultants and nurses which helped to promote their health and well-being.

People we spoke with communicated to us that the quality of service was good. This was confirmed by the majority of relatives we spoke with. The management of the service was stable, with processes in place to monitor the quality of the service.

# 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

People and their relatives told us that the service was safe. Procedures were in place to keep people safe and staff knew how to support people appropriately to prevent them being at risk of abuse and harm.

Staff received training and guidance to ensure medicine safety. People were given their medicine as it had been prescribed by their doctor to maintain their health and wellbeing.

There were sufficient staff that were safely recruited to provide appropriate care and support to people.

Good



### Is the service effective?

The service was effective.

People received effective care and support. The provider trained staff to ensure they had the skills and knowledge to support people in the way that they preferred.

Staff were aware of and understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff ensured that people were not unlawfully restricted and received care in line with their best interests.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Good



### Is the service caring?

The service was caring.

People told us that the staff were kind and we saw that they were. They gave people their attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills and activities was encouraged.

Staff encouraged people to make their own choices regarding their daily routines.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Staff were responsive to people's preferences regarding their daily wishes and needs.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

A registered manager was in post and all conditions of registration were met. The registered manager knew their legal responsibilities to ensure that the service provided was safe and met people's needs.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The service was monitored to ensure it was managed well. The management of the service was stable, open and inclusive.

Good



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## 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.

Our inspection was unannounced and took place on 2 March 2015.

We usually ask the provider to send us a Provider Information Return (PIR), before we inspect. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. On this occasion we did not make the request, so the provider was unable to complete a PIR.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as

notifications. We looked at the notifications the provider had sent to us. We asked the local authority their views on the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection spoke with five staff members, we met, spoke, or engaged with all of the people who lived there. Not all people were able to fully communicate verbally with us so we spent time in communal areas and observed their interactions with staff and body language to determine their experience of living at the home. The registered manager was not available during our inspection so the deputy manager provided us with the information we needed and answered questions that we asked. Following our inspection we spoke with four relatives by telephone to get their views on the service provided. We looked at two people's care and medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at three staff recruitment records and the training matrix.

# Is the service safe?

## Our findings

People who were able told us that they felt safe living there. A relative we spoke with told us, "I have no concerns at all about their safety". Our observations showed that people who lived there were very comfortable and at ease in the presence of staff. We saw that they were happy to go to staff if they wanted something or to ask them questions. Another relative told us, "When they come and stay they never mind going back. That shows they feel safe there".

A relative said, "There is nothing of concern there. If there was I would be the first to report it. They [their family member] are safe and protected". Training records that we saw and staff we spoke with confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. The deputy manager told us, "We have had problems in the past. We have a very good staff team now and things have improved regarding the supervision and support to people to avoid incidents of abuse between them". A staff member said, "I have not seen anything that worried me. If I saw something I would report it. The manager would deal with it". This confirmed that staff were aware of the reporting systems they should follow, in order to protect people who lived there from abuse.

Staff we spoke with were aware of people's risks. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These included mobility assessments, risks relating to people accessing the community and when partaking in daily living activities.

Staff told us and records confirmed that they had received first aid training. We asked staff what they would do in a certain emergency situation such as a person having a seizure or accident. They told us that they would assess the situation, reassure the person, summon help from other staff and dial 999 or call the GP if that was needed. They told us that they would complete the required documentation following the incident. This showed that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care in such circumstances.

People confirmed that they were happy to take their medicine from staff. A person said, "Yes I take my tablets".

Another raised their thumbs and smiled when we asked about staff giving them their medicine. Records we looked at highlighted how each person preferred to take their medicine. One person's records stated, 'Staff to put my tablets on my hand'. This showed that people were given their medicine in the way that they preferred.

The key to the medicine cupboard was held by the person in charge so that there was no risk that unauthorised people could access the medicines.

We looked at two Medicine Administration Records (MAR) and saw that they were maintained correctly. We carried out audits of two people's medicine. We looked at records to see how much medicine should have been available against what was actually available and found that the balances were correct. We saw that care plans were in place to instruct staff in what circumstance medicine prescribed as 'when needed' should be given. This prevented people being given medicine when it was not needed or not being given medicine when it was needed. This confirmed that processes were in place to ensure that people received their medicines as they had been prescribed by their doctor to promote their good health.

Information we looked at prior to our inspection highlighted and one of the four relatives we spoke told us that there had been a turnover of staff over the last year. The relative said, "This sometimes unsettles them" [their family member]. The deputy manager did not know why the turnover of staff occurred. Records we looked at and the deputy manager told us that some staff had left as they were not suited to the work. Other staff had left or had been transferred to other services due to promotion. The provider had taken action and had recruited some new staff. The new staff we spoke with told us that they planned to stay as they liked the work and the people who lived there.

People who were able told us that there were enough staff. A person communicated, "Yes there are enough staff". Staff we spoke with told us that staffing levels were adequate to meet people's needs and to keep them safe. We observed that staff were available at all times to support people and to respond to their requests. There were systems in place to cover staff leave which included accessing bank staff or asking off duty staff to cover. A staff member said, "There is

## Is the service safe?

never a problem with cover”. This meant that staffing levels ensured that the people who lived there could be supported appropriately supported by staff who knew them well.

We found that recruitment systems were in place. A new staff member confirmed that checks had been undertaken for them before they were allowed to start work. We checked three staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the

Disclosure and Barring Service (DBS). The DBS check would show if prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. Staff we asked confirmed that checks are carried out before new staff were allowed to start work. The deputy manager told us, “Oh yes, no new staff can start work before their checks have been completed”. These systems minimised the risk of unsuitable staff being employed.

# Is the service effective?

## Our findings

All the people we spoke with indicated that the service provided was effective. One person said, “Like it”. A relative said, “The place is wonderful”. Another said, “We could not be more thrilled. We cannot fault anything”. The local authority told us that they were not aware of any concerns or issues.

Some new staff had been employed and they told us and records we looked at confirmed that they had received induction training. A staff member said, “I looked at policies and worked with experienced staff during my induction. I felt supported”. All staff we spoke with told us that they received regular supervision and support. Staff told us and the training matrix we looked at confirmed that they had either received all the training they needed or it had been highlighted that the training needed to be arranged. One staff member said, “I have done all my training. We all have to do the training that is required”. A relative told us, “The staff know how to look after them [their family member] to a very high standard. They [their family member] are happy and settled there”. This showed that staff were supported when they first started work and were given guidance through one to one supervision and training thereafter to ensure that they provided appropriate care and support.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find. Staff and records we looked at confirmed that where it was determined that a person lacked mental capacity they involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. Staff we spoke with gave us a good account of what capacity

meant and what determined unlawful restriction and what they should do if they had concerns. The registered manager had applied to the local authority as is required regarding a DoLS for one person. This confirmed that staff knew what action they should take/ and had taken the required action to ensure that people did not have their right to freedom and movement unlawfully restricted.

During our inspection we observed and heard staff seeking people’s consent before care or support was given. We heard staff ask people if they wished to go out into the community and we saw they did this willingly. We heard staff asking one person if they wanted help with their personal care. The person followed the staff happily to have the support.

A relative said, “The staff ensure that any health care needed is accessed”. Staff we spoke with and records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP’s specialist health care teams, an epilepsy nurse specialist and speech and language therapists. We saw that people received regular dental and optical checks. Records we looked at confirmed that routine screening had been accessed to detect any condition at an early stage. This ensured that the people who lived there received the health care support and checks that they required.

All people we spoke with told us that they liked the food and drinks offered. A person told us, “Yes, have what I want”. Another communicated that there was always enough food. They laughed and patted their stomach. We saw that food stocks were satisfactory. People told us that they were offered a choice of food and drink. During the morning we heard staff discussing with people what they would like for their lunch. Records we looked at confirmed that people enjoyed a varied diet which contained meat, fish, fruit and vegetables. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. We saw that mealtimes were flexible and responsive to meet people’s preferred daily routines.



# Is the service caring?

## Our findings

All people we spoke with told us that they liked the staff. A person said, “Of course I like them all”. A relative told us, “The staff are wonderful, very caring”. We observed staff interactions with the people who lived there. We observed that staff greeted people when they got up. We saw that staff took time to listen to what people said. We saw that people responded to this by talking with staff and having confidence to inform them of their wants and needs for the day.

A relative said, “It is a lovely homely place”. We found that the atmosphere was warm and welcoming. With their permission we looked at a person’s bedroom. The room was personalised to their taste and we saw that they had numerous personal possessions kept in there. This showed that the provider had ensured that people felt at ease with their own belongings in a pleasant atmosphere.

People told us that staff were polite and helpful. A person told us, “Staff are helpful yes”. Another smiled and nodded”. During the day we heard staff speaking to people in a respectful way. Relatives told us that the staff were polite and friendly towards them. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice by ensuring toilet and bathroom doors were closed when those rooms were in use and knocking bedroom doors and waiting for a response before entering. Records highlighted that staff had determined the preferred form of address for people and we heard that this was the name they used when speaking to them.

We saw that communication passports were available for people who needed these. They highlighted how people communicated and gave staff valuable information so that they could meet their needs. The communication passport highlighted how the person would show that they were sad, happy or in pain. We saw staff communicating with people in different ways using words and hand signs. We saw that people understood and responded by communicating back to staff.

A person confirmed us, “I do things for myself”. A staff member told us, “We always encourage people to do as much as they can for themselves”. Care plans we looked at highlighted that where possible staff should encourage people to be as independent as possible regarding daily living tasks. During our inspection we saw people attending to their washing and removing their breakfast dishes from the dining room. They looked happy and were smiling whilst undertaking the tasks. This highlighted that staff knew it was important that people’s independence was maintained.

We heard staff encouraging people to make their own choices regarding their daily routines and what they wanted to eat. Throughout the day we heard staff asking people what they would like to do and what they had planned for the day. We saw people going out into the community and returning with support from staff. People confirmed that they selected what they wanted to wear each day. This showed that the staff knew that it was important to enable people to make choices and decisions about how they lived their lives.

People who communicated with us told us that they liked to spend time alone. A person said, “I like to go in my bedroom and stay there on my own and they [the staff] let me”. This meant that people were allowed time alone for privacy and had private space where they could spend time if they wanted to.

All people we communicated with told us that it was important to them where possible to maintain contact with their family. During the inspection one person was going out for a meal with their family. They were very excited about this. They said, “I like seeing them”. Relatives we spoke with confirmed that staff enabled them to have as much contact with people as possible. Records we looked at and staff we spoke with highlighted that there were no visiting restrictions and families could visit when they wanted to.

# Is the service responsive?

## Our findings

People told us that staff involved them in care planning so they could decide how they wanted their care and support to be delivered. A person confirmed, “I am asked about care”. Records we looked at and staff we spoke with confirmed that where needed people’s needs were reviewed by the local authority and other health or social care professionals. A relative said, “We are always involved in everything to make sure that they [their family member] get the care they need and want”. These processes enabled the provider to confirm that they could continue to meet people’s needs in the way that they preferred.

All people told us that they accessed a range of recreational and preferred lifestyle activities on a daily basis. A person who lived there said, “I go out a lot”. Recreational activities included going out for meals, to the shops to places of interest in the community, local parks and the cinema. During our inspection a number of people went out with the support of staff. When they returned they were happy and smiling. One person was going out to a day centre. They told us that they enjoyed going there.

Staff told us and records confirmed that people had been asked and offered support to attend religious services. Records that we saw highlighted that people had been

asked about their personal religious needs. One person’s choice was that they attended a religious service with their family and staff supported this. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

A person who lived there said, “I would speak to the staff if I was unhappy”. A relative told us, “Their [their family member] welfare is paramount to us. If we had a concern we would act immediately. We have all the contact numbers we need including yours [The Care Quality Commission] we would not hesitate to complain. We have no concerns or complaints”. Only one complaint had been made and this was an issue that did not relate to the direct care of any person who lived there. The provider had ensured that people and their relatives knew that complaints processes were available for them to use. We saw that a complaints procedure was available in the premises for people to read and access. It was available in words and pictures so that people may understand it easier. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave contact details for the local authority and other agencies they could approach for support to make a complaint.

# Is the service well-led?

## Our findings

We found that a positive culture was promoted within the service that was transparent and inclusive. A relative said, “They always keep us informed”. We saw from records and this was confirmed by the people who lived there that they and their relatives were invited to reviews and had the opportunity to discuss and raise issues. We also saw that a monthly update was sent to relatives informing them of any issues that had occurred and activities people had been engaged in.

Relatives told us that there were processes in place for them to give their views on the service provided. One relative said, “We are invited to reviews. We also have constant dialogue with staff. We feel that we are listened to”. In the summer of 2014 staff had arranged an open day for relatives to attend so that they could discuss the service. Many relatives had chosen to use the compliments system for feeding back their views on the service.

The provider had a clear leadership structure that staff understood. There was a registered manager in post. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us of. One staff member said, “The management are supportive”. Another said, “There is always someone we can contact if we need help”. Staff we spoke with explained the on call process and who they needed to contact in an emergency.

We saw minutes of meetings held for the people who lived there. These were held often and included all of the people. A person confirmed, “We can say what we want and need”.

The meeting minutes highlighted that important things were discussed which included things that were going to happen. People had been asked their opinion about food and activities.

Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. They told us and records we looked at confirmed that regular staff meetings were held.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, “If I saw something I was concerned about I would feel confident to report it”. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had confidence to report them to the registered manager.

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 that where non-compliance had been identified [that had included kitchen issues] 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. Managers from another service had recently visited the service for the day to assess the overall running and quality. This type of audit the staff knew as a ‘fresh eyes’ audit. The findings from this audit had been positive. This showed that the provider had taken appropriate steps to ensure a good quality of service.