

# Voyage 1 Limited







# Astbury View

## Inspection report

81 Turnberry Road  
Bloxwich  
Walsall  
WS3 3UB  
Tel: 01922404843  
Website:

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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

This unannounced inspection took place on 5 May 2015. At our last inspection on 4 December 2013 we found the provider was meeting the requirements of the regulations we inspected.

Astbury View is a residential home providing accommodation for up to 9 younger adults with learning disabilities or autistic spectrum disorders. At the time of our inspection 8 people were living there. The home had 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 told us that they felt safe and secure at the home. Not everyone who lived at the home could tell us about their experiences. Their relatives told us that they felt people were safe who lived at the home. We saw that the provider had systems in place to protect people from

# Summary of findings

potential harm. People were supported by staff who understood how to protect people from abuse. Staff understood their responsibility to report issues of concern.

People and their relatives told us there was enough staff on duty with the appropriate skills and experience to support the needs of people living at the home. The provider had effective recruitment processes in place and we saw that appropriate checks had been undertaken before staff began work. Staff received guidance and training to ensure people's needs were met.

People received their medicines at the correct time and as prescribed. Medicines were managed, stored and administered safely.

People were asked for their consent by staff to provide care. Where people's rights and freedom were restricted we saw assessments of people's capacity to consent had been done. Records and decisions had been completed in a person's best interest in line with the Mental Capacity Act 2005 (MCA) code of practice.

People were supported to have sufficient food and drink to maintain a healthy diet. Staff understood the importance of offering meals that were suitable for

people's individual dietary needs. People had access to healthcare professionals as required that provided advice, treatment and guidance to support their healthcare need.

People and their relatives told us the staff were kind, friendly and caring. Staff understood people's needs and preferences and respected their dignity and privacy when supporting them.

People were supported to maintain their interests and hobbies and were given the opportunity to participate in a variety of activities with others or individually. People and their relatives felt comfortable to raise any concerns or complaints with the registered manager or staff team. The provider had a system in place to respond to people's complaints and concerns.

Relatives of people who live at the home and staff told us the home was well managed with an open positive culture. People, their relatives and staff told us the management team was approachable.

There were management systems in place to assess and monitor the quality of the home. There were regular checks of people's care plans, medicine administration, incident and accidents. There was evidence that learning and improvement took place from audits and changes were made to improve the home.

# 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.

Staff understood their responsibilities to protect people from abuse. Risks to people's care and health needs had been assessed and plans put in place to minimise risks. There were enough staff to provide people with support when they needed it. People received their medicines safely and appropriate systems were in place to store and dispose of medicines safely.

Good



### Is the service effective?

The service was effective.

People received the care and support they required by staff that had the skills and training to meet people's needs. People's rights were protected because staff had knowledge about who was subject to certain restrictions in line with the Mental Capacity Act 2005 (MCA) code of practice. People were supported to have enough food and drink when and how they wanted it and staff had an understanding of people's nutritional needs. People had access to healthcare professionals as required to meet their health needs.

Good



### Is the service caring?

The service was caring.

People and relatives told us staff were kind and caring. People received their care from staff that understood how to provide care in a dignified manner. People's views and preferences were respected by staff. People and relatives were involved in making decisions about their care needs and daily lives.

Good



### Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place. People received support when they needed it and in line with their care plan. Staff supported people to make choices about their day to day activities. Staff supported people to maintain relationships with family and friends. People and their relatives had the information they needed to raise concerns or complaints if they needed to.

Good



### Is the service well-led?

The service is well-led.

People their relatives and staff were complimentary of the registered manager and told us the home was well managed. There were systems in place to monitor the quality of the service and where issues were identified action had been taken to address concerns. Staff felt confident to raise any concern of poor practice in the home and felt that concerns would be addressed appropriately by the registered manager.

Good



# Astbury View

## 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 unannounced inspection took place on 5 May 2015. The inspection team consisted of two inspectors. As part of the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and the improvements they plan to make. The PIR was completed and returned to us. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is

required to send us by law. We contacted the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

During the inspection, we spoke with two people who lived at the home and four relatives. We spoke with four members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for two people to see how their care and treatment was planned and delivered. Other records looked at were two staff recruitment and training files; to check staff were recruited safely, trained and supported to deliver care to people living at the home. We also looked at records relating to the management of the home such as cleanliness and infection control audits and a selection of policies to ensure people received a quality service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe because staff were always available to support and help when required. Relatives spoken with were confident that their family members were kept safe from harm. One relative told us, “[Persons name] is safe I can go home and know they are looked after.” Another relative told us, “Staff are great they keep [person name] safe.” Relatives told us they were happy with the support available and the environment was safe for their family member to live in. People told us they would speak with staff members or the registered manager if they had any concerns about their safety.

Staff we spoke with were able to tell us what they understood by keeping people safe; they were able to explain the different types of potential abuse and how they would respond to protect people from harm. One staff member told us, “I would contact the senior or on call. I could contact the operations manager or raise a safeguarding myself.” Staff were confident that any concerns would be taken seriously by the registered manager and appropriate action would be taken. Staff knew they could contact us, the local authority, or the police if they felt their concerns were not being addressed properly. Where incidents had occurred concerning people’s safety the registered manager had submitted the correct notifications, and the records we looked at showed that staff followed the provider’s procedure to protect people from abuse.

Staff we spoke with understood how to support people where there were risks identified. For example, through our observation we were able to see how staff used equipment to protect people from risk of harm such as hoisting equipment. Staff told us people living at the home or their relatives were involved in completing people’s risk assessments. One relative told us, “We were involved in the development of the care plan and risk assessments and we are regularly updated.” We looked at the risk assessments detailed in people’s care plans and saw that support was being provided as directed. We saw that information had been updated and reviewed regularly to ensure the provider continued to meet the person’s individual needs.

Staff were aware of the process for reporting incidents and accidents and reported these to the registered manager. All incidents and accidents had been recorded on people’s care plans and assessments had been updated. The

registered manager analysed information from the reports and took action to minimise the risks of re-occurrence. Staff told us that any changes to practice or learning from incidents were shared with them at meetings.

One relative told us, “There is always enough staff” and “Staff are always available to help.” One member of staff told us, “We use agency staff at the moment the registered manager is recruiting new people.” People we spoke with told us they were assisted quickly when they asked for help. We saw that staff were able to spend time with people and we observed that staff spent time talking to people and responding to requests. We saw that people’s needs were responded to in a timely manner. For example, we observed one person request a drink and saw a staff member respond straight away.

The registered manager told us that the staffing numbers were determined by the needs and dependency levels of the people who lived at the home. We were told that people were currently being recruited to fill vacant posts. We were informed that vacancies had been covered by existing staff, bank or agency staff who had usually worked at the home before. Staff we spoke with did not think this had a significant impact on people living at the home. We saw that staff spent time supporting people with tasks and social activities away from the home. We saw that the number of staff working was in line with the provider’s staffing rationale.

Staff spoken with said all recruitment checks required were undertaken before they started working. We saw that the provider had an effective recruitment process in place to ensure that staff were recruited with the right skills and knowledge to support people. Appropriate pre-employment checks had been obtained before employment commenced. This included references from previous employers and Disclosure and Barring Service (DBS) checks for all staff. DBS help employers make safer recruitment decisions and prevents unsuitable people from being recruited and working with people using the service.

We saw people were supported to take their medicines when they were required. Relatives we spoke with told us they had no concerns about their family member’s medicines. We saw staff ensured people received their medicines at particular times of the day or when required to manage a health need. We looked at two medicine administration record (MAR) charts and saw that these had been completed correctly. Some people had medicines

## Is the service safe?

that they took only when required. We saw that there was guidance in place to support staff in the administration of these. We saw medicines were checked regularly by the registered manager to ensure that they were stored, administered and disposed of safely.

# Is the service effective?

## Our findings

One relative told us, “Staff had a very good knowledge of [person’s name] needs.” Relatives we spoke with told us they felt confident that the registered manager and staff knew how to meet people’s needs. Another relative said, “Staff are brilliant” and “They provide and do everything [Person’s name] needs or wants it’s fantastic.” Staff told us they knew how to meet the care needs of the people they supported. We observed that staff communicated and engaged with people in a sensitive manner. We saw staff used people’s preferred method of communication such as gestures or pictures. One relative told us how their family member confidence had improved since living at the home.

People and relatives we spoke with told us they thought the staff were ‘well trained’ and had the appropriate skills to support people. We saw that staff supported people with their physical and social needs. Staff told us how they supported people with their specific care needs such as, moving and handling. Staff told us that they had received training that enabled them to meet people’s needs. One member of staff told us, “You are not allowed to do anything without the appropriate training.” Another staff member described how they were trained to administer medicines and how the registered manager checked their understanding before allowing them to administer medicines to people.

Staff told us they had regular meetings with the registered manager and felt supported in their role. One staff member told us that they had requested additional training and the registered manager “sorted it out straight away.” Staff told us that they completed an induction programme when they started to work at the home. This included shadowing experienced members of staff and getting to know people who lived at the home. One staff member told us, “I got to know people whilst I was shadowing and I was given time to read people’s care plans.”

People we spoke with told us that staff sought their consent before providing care and support. We observed that people were supported to make their own decisions and choices as far as possible. Where possible, people or their representatives had signed the care plan to indicate that they agreed with the planned care. We saw where people did not have the capacity to consent to their care,

we saw that mental capacity assessments had been completed and a decision to provide care in a person’s best interest had been completed. Staff we spoke with told us how they gained consent from people and what they would do if a person refused such as with medication.

The registered manager told us some people had authorisations in line with the Deprivation of Liberty Safeguards (DoLS). DoLS aim to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. We saw that the registered manager had complied with the law to ensure people’s rights were protected.

One relative told us, “The meals are lovely they are all home cooked.” Another relative said, “There’s plenty to eat and drink [Person’s name] has put on weight they enjoy the food.” We saw that pictures of food were available to help people decide which meal they wanted. We saw that people were involved in weekly menu planning meetings. People told us that if they did not want what was on the menu an alternative choice of meal was offered. We saw that food was cooked fresh on site and there were adequate amounts of food prepared. We saw people had a good choice of food that met their preferences and needs. We saw that people were offered a choice of drinks at different times during the day.

Staff knew which people needed to be encouraged or assisted to eat and drink. We saw that the provider used a nutrition risk assessment to regularly monitor people’s weight. Where necessary, appropriate referrals were made to healthcare professional and plans were in place which ensured people received the necessary care.

One relative told us, “There is regular contact with healthcare professionals.” Relatives we spoke with had no concerns about people’s health care needs not being met or about how they were supported by the staff at the home. Another relative said, “They always keep me informed when they have contacted the doctor.” We looked at people’s health records and saw the home worked with other professionals to ensure people’s health needs were met. We saw that referrals had been made promptly by staff where concerns were identified. We saw that clear guidance was available on what action staff needed to take in order to meet people’s individual health needs and we saw these actions were carried out.

# Is the service caring?

## Our findings

All the people who lived at the home and relatives spoken with said that they thought that staff were kind and caring. One relative told us, "Staff are very thoughtful, considerate and kind [Person's name] is very happy." Another relative said, "Staff are great very kind." We observed kindness and compassion displayed by staff when interacting with people. For example, we saw one person had difficulty in expressing their needs. We observed a staff member speak to the person in a sensitive manner and observe their gestures to understand what support they required. Relatives told us staff were friendly and approachable. We observed people responded positively to staff often laughing and smiling. One person told us, "Staff are great." We observed people were relaxed with staff and confident to approach them.

We saw that people were allocated a key worker on admission to the home; people we spoke with understood who their key worker was and knew they could approach any member of staff if they needed support. Staff we spoke with were able to tell us about people's individual preferences, likes and dislikes. We observed people were supported to express their views and be involved as much as possible in making decisions about their care and treatment. We observed staff respected and supported people's choices. Records showed that people were supported and encouraged to make choices about their

daily lives. For example, what time people got up and what activities they would like to participate in. We saw arrangements were in place for people to be involved in decision making such as choosing the decoration and theme of their bedrooms.

People told us staff respected their privacy and dignity. Staff we spoke with had a good understanding of how to promote people's dignity and respect their choices and why this is important. We observed staff close a person's bedroom door to protect a person's privacy whilst they were receiving care. One relative told us, "They always knock on the door and ask if it's okay to come in." Staff told us about how they encouraged and promoted dignity and privacy. For example, taking people into a separate room when giving medicines.

People and relatives we spoke with told us there were no restrictions when visiting. We saw that people were encouraged to maintain relationships with their families and friends. People told us they could see their visitors in the privacy of their own rooms, if they wished. One relative told us, "Staff make you feel welcome I am always offered a drink, I ring first to make sure [Persons name] is going to be in." Another relative told us, "I visit several times a week I am welcomed by staff." We observed one person ask if they could telephone their relative. We saw that staff responded to their request and took them into the office to make their call.

# Is the service responsive?

## Our findings

People and relatives we spoke with were positive about the care and support they received. One relative told us, "Staff respond very quickly." People and their relatives told us that where possible they had been involved in the planning of their care needs. Relatives we spoke with told us that staff involved them in care plan reviews and kept them up to date with any changes in their relatives care needs. One relative told us, "I am always involved in [person's name] review. I am fully informed." Another relative told us, "They let the family know about any changes and keep you up to date." We saw that people or their representatives signed care plans to confirm that they had discussed and agreed how they would be cared for.

We saw that people's choices and preferences had been taken into account in the planning of their care. For example, information was completed as part of the assessment process about 'what's important to me' and 'how to support me well' when people moved into the home. Staff we spoke with were able to explain how people liked to be supported.

One person told us, "I just ask and staff help." Staff knew the daily routines people enjoyed and ensured people were supported in line with their wishes. We saw daily records were completed by staff which contained information about a person's needs so they could assess when a person's needs had changed on a daily basis. We saw that staff had handover meetings between shifts. Information was discussed and documented for staff to refer back to, key concerns were clearly highlighted. We saw information was used to update care plans and minimise newly identified risks such as skin care.

People living at the home told us about social activities that took place at the home. We saw that people were supported to access education and activities which were important to them. One person told us that they were going to the cinema and having a 'take-away' on the day of our visit. One relative told us, "There are lots of activities they go out for walks and they went to the safari park." Another relative told us, "[Person name] enjoys shopping, pictures and days out with staff." We saw that people were supported to participate in activities in the local community according to their interests. People's rooms had been decorated to reflect their personal interests and a sensory room was provided and enjoyed by people who lived at the home. We saw that people were involved in 'residents meetings' and discussed planned outings.

Relatives told us that they would feel very confident to complain, if they needed to and had been given the information to enable them to do so. One relative said, "I would speak to the manager or higher up, but I have no concerns." Some people at the home would be unlikely to be able to make a complaint due to their level of understanding and communication needs. Staff told us how people would communicate if they were unhappy. Staff told us they would observe people's behaviour or body language to know if they were unhappy. We looked at records and saw that any complaints received had been recorded, investigated and responded to appropriately. Staff told us that if they received any comments or concerns they would pass the information to the registered manager. We saw that the policy was displayed on the noticeboard.

# Is the service well-led?

## Our findings

People told us they felt involved in what happened at the home and that their opinions mattered. We saw that a number of regular meetings took place between people living at the home and staff members to discuss any concerns or improvements to the service. For example, people and their relatives had regular discussions with their key workers in order to share information and give people an opportunity to express their views about the care received. Relatives told us that they were not aware of any group 'relative meetings' having taken place. However, they felt staff kept them well informed about their relative and the service provided. One relative told us, "If there is any problem the manager will speak to the family she always keeps us informed. She's always available she's fantastic." Relatives told us they had completed a survey which sought their views about the quality of the home. We looked at the results of the survey and saw people were satisfied with the service received.

Staff told us the registered manager provided guidance and they felt supported to provide a good service to people living at the home. Staff members described the culture of the home as 'happy' and 'open'. Staff told us they attended regular meetings with the registered manager to address concerns and discuss any issues relevant to their roles and responsibilities. All staff spoke positively about the leadership of the home. One staff member said, "I think the home is run brilliantly." Another staff member told us, "The manager is very approachable and knowledgeable." All

staff we spoke with told us the registered manager was available and listened to any concerns. Staff felt confident that the registered manager would deal with any issues raised appropriately.

There was a registered manager in post who managed the home on a day to day basis. We spoke with the registered manager and they demonstrated good knowledge of all aspects of the home including the needs of the people living there, staff members and her responsibilities as a registered manager. One relative said, "The manager is very approachable. She is very friendly and anything I am concerned about she is always available to discuss matters. She is very good." The provider has a history of meeting legal requirements and notifying us about events that they were required to do so by law.

People and their relatives were complimentary about the quality of the service. The provider had systems in place which ensured the effective running of the home. We saw that the provider carried out quarterly audits of the home. These included medicines, health and safety and care plan audits. We saw that the registered manager analysed information to see if any trends or patterns were developing. Information was used to develop plans to improve the service provided to people living at the home. Staff we spoke with told us the registered manager informed them of any improvements or action that were needed to address any concerns raised. We looked at minutes from staff meetings and saw that information was shared with staff and staff were involved in taking actions to address concerns such as lessons learnt from safeguarding.