

Voyage 1 Limited

50 Burton Road

Inspection report

50 Burton Road

Branston

Burton on Trent

Staffordshire

DE14 3DN

Tel: 01283512766

Website: www.voyagecare.com

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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

We inspected this service on 22 January 2016 and the inspection was unannounced. This was the first inspection since registration in May 2014.

50 Burton Road provides personal care for up to three adults with a learning disability and associated conditions. There were three people living at 50 Burton Road on the day of our inspection.

There was no registered manager in post at the time of our inspection. The previous manager had deregistered in December 2015 and the provider was in the process of recruiting for a new manager. 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 understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. There were sufficient staff available to support people. Medicines were managed safely and people were supported to take their medicine as prescribed.

Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. People's needs and preferences were met when they were supported with their dietary needs and people were supported to maintain good health.

The delivery of care was tailored to meet people's individual needs and preferences. People were supported to develop and maintain hobbies and interests both at home and in the local community to promote equality and integration. The provider actively sought and included people and their representatives in the planning of care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the provider to drive improvement.

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.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences. Recruitment procedures were in place to ensure the staff employed were suitable to support people.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health and staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people who used the service and the staff who supported them. Staff knew people well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were central to the

planning and delivery of the support they received. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible and people received a satisfactory outcome when they complained or expressed their concerns.

Is the service well-led?

Good ●

The service was well led.

People, their representatives and staff were encouraged to share their opinion about the quality of the service, to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality and safety of the service provided.

50 Burton Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 22 January 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service including information received from people who used the service and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with the relatives of one person who lived at the home. We also spoke with one member of the care staff team, a manager from another of the provider's registered services, who was overseeing the management of the service and the operations manager.

We observed how staff interacted with people and looked at one person's care records to see how their care and treatment was planned and delivered. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records for one person to check that people were given their medicines as prescribed and in a safe way. We reviewed two staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet people's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.



Our findings

Although the people who used the service were unable to express their views our observations of care showed that people were relaxed with staff and enjoyed their company. Relatives told us they were confident that their family member was supported in a safe way.

The provider had taken steps to protect people from abuse. Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff were aware of the signs to look for that might mean a person was at risk of harm, and understood how to report their concerns. Staff told us and we saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions needed to reduce risks. We saw that actions were in place to minimise the risk, whilst supporting people to maintain as much choice and independence as possible. For example we saw that a detailed risk assessment was in place for one person regarding behaviours they may demonstrate when they went out. Guidance was provided for staff on how to support this person when they demonstrated this behaviour, to ensure their safety was maintained. Discussions with staff and a check on the daily records showed plans were followed to ensure people were supported safely and restrictions on their freedom, choice and control were minimised.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's individual needs and supported staff to understand the actions that would be required. Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

The staffing levels were determined according to the needs of each person and the activity they were undertaking. People's relatives confirmed that the staffing levels were maintained to ensure people were safe and able to undertake activities of their choice both within the home and community.

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required

documentation in place.

We saw that medicines were managed safely as the provider had processes in place to store, administer, control stock levels and dispose of medicines safely. We saw that people were supported in a safe way by trained staff to take their medicine. The medicine administration records showed that all the signatures were of staff who had received training. A medicines administration record was kept and we saw that staff signed when medicine had been given. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.



Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing. One relative told us, "The staff are skilled and understand what [name] likes and enjoys doing." The provider stated in their PIR form that induction training was provided over a six month period for new staff and this included face to face training. The PIR stated that new staff completed a probation period and this was assessed during their first six months of employment with supervisions also taking place during this time. Staff confirmed this and told us that they received the training and supervision to support people. This demonstrated that the staff received the necessary training to support them in meeting people's needs and promote their wellbeing and independence.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The information in people's assessments and care plans reflected their capacity to consent when they needed support to make decisions. People had a decision making profile in place, this provided staff with information on the support the person needed to make a decision and identified how, when and where the staff could best provide information to them in a way they would understand. We saw people were supported to make decisions using sign language, pictures or real life objects. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager confirmed they had made DoLS applications for everyone that used the service. The provider stated in their PIR form that since changes were made to the deprivation of liberty safeguards, they had made referrals due to the high level of supervision that was required to keep the people safe. All three people received one to one support during the day and support when they wished to leave the home. We saw that the provider had ensured that updates were made when needed, to ensure people's rights were protected. Detailed information regarding the DoLS restrictions in place were recorded in people's files. We saw that staff were provided with training to support their understanding around the Act and workshops had been undertaken with staff to help them understand how the DoLS applied to the people they

supported.

People were supported to maintain their nutritional health and were supported to follow a healthy balanced diet. We saw that where needed people were supported to maintain diets that were specific to their needs with guidance from health care professionals as needed. A member of staff confirmed that people were supported to do their food shopping, which was based on meals they enjoyed and that met their dietary needs.

The provider's PIR stated that each person had a health action plan which provided staff with information about their health needs. We saw that people accessed health services and all appointments were recorded. Relative's confirmed that they were kept informed of any appointments or health issues. Information was recorded regarding the person's capacity to consent to treatment and the action staff should take if the person was unable to do this. We saw that information regarding people's method of communication and the level of support they required was recorded in their health action plan. This was to ensure people could be supported in an individualised way, which reflected their needs when accessing health care services.



Our findings

We observed a positive and caring relationship between people who used the service and staff. People appeared comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way. Relatives confirmed this and one relative said, "There are a few new staff and they are working with staff that have been there for a while, who know [name] very well, they are extremely competent." The provider's PIR stated each person that used the service had a communication plan in place. We saw that communication plans were in place that provided individualised information to ensure staff understood the best way to communicate with people.

We saw that people's diverse needs were met by staff that had a good understanding of their needs, preferences and methods of communication. There was a commitment to caring on an individual basis. People's daily routines varied and they were supported to participate in interests and hobbies outside of the home and relax at home in their preferred way. This empowered people to have a voice and to realise their potential, enabling them to lead a life that was based on their choices and interests. We saw that staff enabled people to maintain their appearance, by supporting them to choose clothing that met their preferences and personal style. This demonstrated that people were partners in their own care and were treated with consideration and respect.

Relatives told us they were kept informed and involved in their family members care. One relative said, "We are fully involved and we see [name] every week." Information in people's care plans demonstrated that people were supported to maintain relationships with significant people who were important to them.



Our findings

Relatives confirmed that the support provided to their family members met their needs as an individual. We saw that reviews of care were completed in partnership with people and their representatives and were centred on people's diverse needs.

Staff had the relevant information required to support people. We saw that a full assessment had been completed that included people's needs and preferences. Plans were specific to individuals and staff we spoke with demonstrated a good understanding of people's needs. Staff worked in partnership with people to ensure they were treated as individuals with their own interests, values and preferences. Information was provided about each person regarding what was important to them and how best to support them. Where possible the service matched staff with similar interests and hobbies to the people they supported. This was done to further enhance the experiences that people received by working with staff that had a common interest.

Staff told us that any complaints or concerns made to them would be reported to the person in charge. Relatives confirmed they were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One relative said, "If I had any concerns I used to ring the manager and she always addressed everything she was very good. If I have any concerns at the minute I would ring the head office until a new manager is in post." This showed us that people's representatives felt able to express any concerns or areas for improvement.

A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw a system was in place to record complaints received and the actions taken and outcome. One complaint had been received in the last 12 months and we saw that this had been addressed in a timely way and resolved.



Our findings

Relatives spoke highly of the registered manager who had recently left employment. They were aware that the provider was advertising the manager's position. Staff confirmed that two managers from other homes owned by the provider were providing managerial support until a new manager was recruited. The operations manager confirmed that the recruitment process for a new manager was ongoing at the time of this inspection. Staff were supported by a clear management structure and demonstrated that they understood their roles and responsibilities.

Reviews were completed with people using the service and their experiences and preferences were taken into account in the way the service was provided and delivered in relation to their care. As people were not able to verbally express their views, summaries were undertaken every month using information from daily records. This enabled the staff team to assess the support that people received by taking a reflective look at people's experiences for that month regarding all areas of their life.

We saw that audits were undertaken to check that people received good quality care. These included weekly service reports undertaken by managers, to monthly and three monthly audits. We saw the provider had linked audits of care with the new fundamental standards and associated key lines of enquiry to promote good practice. Audits covered any incidents and accidents, complaints, medicines management and infection control. We saw the registered manager checked for any patterns and trends to ensure actions could be taken as needed and where improvements were required actions had been taken. Three monthly visits were also undertaken by the provider to audit areas of care such as people's care plans, medicines management and to observe the support provided to people that used the service and by speaking to staff. Staff confirmed that during these visits they were assessed on their knowledge and understanding, such as regarding safeguarding the people they supported and staff's understanding regarding the MCA and DoLS in relation to the people they supported. This showed us that the provider monitored staff's knowledge, to ensure they had the skills required to provide individualised care to people.

We saw that checks on people's medicines administration were undertaken within the hour that medicines had been administered and stock balance checks were undertaken on a daily basis. This demonstrated that robust checks on medicines were in place to ensure that any errors were identified quickly.

We saw the data management systems in place ensured that only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

