

Voyage 1 Limited

Abbotts Road

Inspection report

31 Abbotts Road
Erdington
Birmingham
West Midlands
B24 8HE

Tel: 01213820217
Website: www.voyagecare.com

Date of inspection visit:
13 July 2017

Date of publication:
04 August 2017

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

Abbotts Road provides accommodation and personal care for up to four younger adults with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 4 people living at the home. At the last inspection, in August 2015, the service was rated Good. At this inspection we found that the service remained Good.

We had the opportunity to talk directly with one person who lived at the home on the day of the inspection. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality.

People continued to be protected from the risk of harm by staff who understood the risks to people's safety. People received care in ways which helped them to remain as safe as possible and supported them to try new things to enjoy. There was enough staff to care for people and to meet their needs. People received their prescribed medicines safely, and staff worked with health professionals to reduce the use of medicines when this benefited people.

The care that people received continued to be effective. Staff received training which matched the needs of people who lived at the home. Staff checked people wanted care before helping them. Support was available to people if they needed help making key decisions about their life, and relatives were consulted. People were supported to access to health care services so they would stay well and enjoyed their mealtime experiences.

People had built caring relationships with the staff supporting them and were encouraged to make their own decisions and these were respected by staff. People were treated with dignity and some people enjoyed maintaining and developing their independence, including preparing some of their own drinks.

People and their relatives' and staff suggestions were listened to when people's care was planned. Systems were in place to manage complaints, so the care provided to people would develop further. People's spiritual and cultural needs were met and people were encouraged to spend time doing things they enjoyed, so their well-being was enhanced.

People's relatives and staff told us communication with the registered manager and senior team was good. People, their relatives and staff were positive about the way the home was managed, and were comfortable to let the registered manager know their views on the care provided. The registered manager worked with people, their relatives and other organisations in an open way so people would enjoy the best well-being possible. Regular checks were in place to assess and monitor the quality of the service, and action plans completed to drive through improvements in the care people received.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Abbotts 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At the last inspection on 17 August 2015 the service was rated as Good.

This was an unannounced comprehensive inspection which took place on 13 July 2017 and was completed by one inspector.

We reviewed the provider information return (PIR) sent to us by the provider. 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. We also reviewed information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the different communal areas of the home and spoke directly with one person. No relatives were visiting the home on the day of our inspection so we spoke with two relatives by telephone. We spoke with the registered manager two senior staff and four staff members.

We looked at a range of documents and written records including two people's care records and health action plans, staff training records and minutes of meetings with people who lived at the home and staff.

We saw the checks made by the provider, registered manager and senior staff so they could be assured people were receiving the care they wanted in the ways they preferred. These included checks to ensure people received their medicines safely and staff were suitable to care for the people living at the home. We

also looked at information about how the provider and registered manager monitored the quality of the care provided and actions they took to develop the service people received further. These included quality questionnaires completed by people living at the home, checks on the safety of the home, and learning from complaints and incidents.

Is the service safe?

Our findings

People showed us they felt safe living at the home and were comfortable with the staff caring for them. Relatives told us staff knew about their family member's safety needs and took action to help them to stay as safe as possible. One relative explained staff always made sure their family member wore a bracelet which would alert health professionals to the type of care they needed if they became ill. Another relative told us their family member's safety needs were met when they were supported to travel.

Staff understood how to recognise if people may be subject to harm or abuse. Staff were confident if they raised any concerns for people's safety the registered manager would take action to help people to stay safe. Staff understood other organisations could also be contacted if they had any concerns for people's well-being.

People's individual safety risks and needs were recognised by staff, who gave us examples of the care they provided so risks to people's safety were reduced. One staff member told us some people living at the home were at risk of choking. The staff member explained how people affected were always supported to have the consistency of food which met their needs. Another staff member said some people were at risk of falls, particularly if they were tired. The staff member explained how they checked people were comfortable when supporting them, so risks would be reduced.

We also saw staff had been given clear guidance on the best way to meet people's safety needs. This included information on things which made some people anxious, such as noisy environments, so staff would know the people's individual risks and how to address these.

People and their relatives were positive about the number of staff providing care. One relative highlighted they often visited the home at different times. The relative said they had never had any concerns about the number of staff available to care for people. Staff told us there was enough staff to provide care, and to ensure people had opportunities to do things they enjoyed. Another staff member told us staff worked additional shifts, rather than have agency staff supporting people. The staff member told us staff preferred to do this, as this meant people were supported by staff who knew their safety needs well.

People's relatives told us their family members were supported to have the medicines they needed to remain well. Relatives highlighted staff consistently ensured the correct medicines were sent to them, when their family members returned to their relatives' homes, for extended visits. One relative told us, "They [staff] try to reduce [person's name] medicines, if they are not needed."

Staff were not allowed to administer medicines until they had received training and their competency had been checked. We saw staff checked people were receiving their medicines as prescribed and people's medicines were securely stored. There were clear records of the medicines administered to people, and checks were made by senior staff to assure them people received their medicines as safely as possible.

Is the service effective?

Our findings

People benefited from living in a home where staff knew how to care for them. One relative told us they knew staff had the skills and knowledge to meet their family member's needs as they enjoyed a good level of well-being and enjoyed living at the home. Another relative told us about the care their family member received and said, "They [staff] do have the skills needed."

Staff told us they had regular access to training, so they would be able to develop and refresh their skills. One staff member explained the training they had done helped them to reassure people, if they were becoming anxious. Staff were confident additional training would be arranged if people's needs changed. We saw the training staff had done matched the needs of the people they cared for. This included training so staff would be able to communicate with people in people's preferred ways, and how to promote people's safety.

Staff had received training in The Mental Capacity Act 2005 to help them to develop the knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. This included referral to advocacy services. We saw staff offered support to people so they would have the best opportunity to make their own decisions. We saw staff carefully checked people's reactions to the choices offered to them, and respected the decisions people made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Relatives told us they had been consulted about key decisions. We found where staff needed to make specific decisions in some people's best interests or to deprive anyone of their liberty the necessary action had been taken.

People were confident to ask for things they wanted to eat or drink and some people enjoyed preparing their own drinks. Relatives told us staff understood the links between their family member's health and their diet. One relative told us their family member's health needs meant some types of foods could make them ill. The relative said, "Staff are aware [person's name] cannot have certain things." Staff were aware if people need support to have the food and drinks they enjoyed. This included if people had to avoid certain foods because of the medicines they received, or if they had diabetes. We saw mealtimes were not rushed, and people's choices and preferences were acted upon.

People's relatives told us staff supported their family members to see health professionals so they would remain as well as possible. People had "health action plans", to plan and record any medical intervention required, such as GP regular health screening and well-person checks. People's records showed us health advice was sought promptly if staff had any concerns for people's well-being. This included from learning disability nurses, people's GPs, and mental health specialists, so plans would be agreed to meet people's needs.

Is the service caring?

Our findings

People told us the staff were kind. One person said, as a result of this they liked living at the home, and were very happy. People's relatives said staff knew their family members well, and were considerate and respectful. One relative said because of the way their family member was treated by staff, "[Person's name] seems settled, the staff are very kind. [Person's name] is understood by them." Staff spoke affectionately about the people they cared for and knew how they liked to be supported. One staff member told us, "You want to show a family feeling, and you look after them as your own."

One relative told us staff knew their family member so well they were able to make suggestions about presents their family member would like. The relative said they had followed staff's suggestion, and their family member had really appreciated their present.

Staff told us they got to know people by checking their care plans, chatting to people and their relatives and staff who knew them well. One staff member said by doing this, "You bond with them [people]." Staff understood some people liked the reassurance of physical contact. We saw staff acted on this, and people were pleased to be comforted in this way. People wanted to include staff in their day to day life, and smiled when staff spent time chatting to them, and when additional staff came to work to care for them.

People's relatives gave us examples of the actions staff took so their family members would know they were valued. One relative explained staff knew how much their family member enjoyed celebrating their birthday. The relative said staff always marked this occasion and included everyone living at the home. A staff member told us how they had supported one person living at the home to make their own handbag. We saw a photograph of the person enjoying themselves modelling this at a celebratory event.

People made some of their own day to day decisions such as what they wanted to do. We saw people were confident to let staff know if they preferred to go out or to spend time at the home. One person told us they had decided how they wanted their room to be decorated. The person told us they had chosen the colours and had gone shopping with staff so they could choose their bed linen. The person told us they really liked their room.

We saw staff used different ways to communicate with people, so they would have the support they needed to make their own choices. One staff member explained they had learnt how one person subtly changed the way they communicated. The staff member told us knowing how the person preferred to communicate helped them to understand the choices they were making.

People's relatives were positive about the way staff took into account their family members rights to dignity, privacy and independence. Relatives told us their family members were always supported to have the personal care they needed. One family member said, "They [staff] always make sure [person's name] has a trendy haircut." Staff gave us examples of how they promoted people's independence by encouraging them to be involved in meal preparation and elements of their personal care. We saw staff were tactful when taking people for personal care, and supported people to maintain their dignity when in communal areas.

Is the service responsive?

Our findings

People were encouraged to decide what care they wanted and had regular meetings with staff to choose how they wanted their support to be given. This included plans for holidays and interesting things to do. One relative told us they were consulted about the care planned for their family member. The relative said as a result of this, "[Person's name] loves it there and is doing well, and it's personalised, so there's no concerns or problems."

People's relatives told us they were comfortable to make suggestions for developing their family member's care further. One relative said they had communicated their ideas for managing their family member's skin care. The relative told us they had been listened to, and their family member's skin remained healthy.

Staff told us suggestions they made for people's care was listened to. One staff member said they had made suggestions for increasing the number of staff to support one person, so they could try a new interest, safely. The staff member said plans had been put in place so the person could see if they enjoyed this, safely.

Staff recognised people's care needs changed over time. One staff member said people let them know what care they wanted. One staff member said, "[Person's name] will let you know if that day they prefer to have a male or female staff member to care for them." Staff told us there were regular opportunities to communicate information as people's needs changed, so their plans could be adjusted. By doing this, staff could be sure people received the care they wanted in the ways they preferred.

People told us they were supported by staff to do things they enjoyed. One person told us they loved going to discos so they could meet up with their friends. We saw people enjoyed looking at newspapers with staff and discussing how they liked to spend their time. One relative highlighted staff supported their family member so they could celebrate their faith and culture through worship and food choices. The relative said, "It's so important to [person's name], they love the culture and the music." Another relative told us because of the way their family member's care was planned and given they were less anxious. The relative said, "It's better because of the care staff have taken."

People's relatives told us there were no restrictions on when they could visit their family members, and people were supported to make visits to their family member's home. One relative told us, "They really enjoy coming to visit, but they let us know when they want to go back [to Abbotts Road.]" We saw people's care plans reflected their preferences and unique histories. Advice from specialist health and social care professionals was reflected in people's care plans and risk assessments, so people would have their health and well-being needs met.

People's relatives told us if they had any concerns or complaints they were comfortable to talk to the registered manager. One relative told us they had raised a complaint. The relative said their concerns had promptly been addressed. We saw systems were in place to manage complaints and concerns so people would benefit from living in a home where any lessons were learnt.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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 enjoyed chatting to the registered manager and senior staff and their smiles told us they liked the senior team who cared for them. People said they liked living at the home and people's relatives were positive about how the home was managed. One relative said, "[Registered manager's name] is approachable. I would be happy to pick up the 'phone to them." Another relative told us the way the home was managed meant, "We are very happy with the service. There's nothing that needs to be improved." We saw the registered manager used regular meetings with people and their relatives to confirm how people's care and the services offered at the home could be further developed.

Staff told us they felt supported to provide good care. One staff member said because of this, "We know our jobs, everything gets done and [registered manager's name] is always on the 'phone if we need them." Another staff member highlighted senior staff's commitment to providing good care. The staff member gave us an example of the systems put in place so guidance was obtained from health and social care professionals. The staff member explained as a result of this people living at the home now less anxious, and enjoying life more. Staff were supported to understand what was expected of them through regular meetings. For example, staff were given guidance on promoting people's choice and dignity and privacy.

People's relatives told us communication with staff was open and they felt their views were listened to. We saw people benefit from living in a home where the culture was open, and people felt empowered to express their affection for each other. A staff member said, "[Registered manager's name] wants them [people] to have choice, to be safe and for them to be cared for and to have a good life." The registered manager told us, "I want and think care here is delivered so people have a fulfilled life. They [people] tell us what service they want and we do our best to deliver it. Voyage [the provider] feels that too, and staff are passionate about it."

Staff told us the registered manager and senior staff checked people were receiving the care they wanted. One staff member said, "[Registered manager's name] will pick up if anything hasn't been done." The registered manager gave us an example of changes which had been introduced as a result of the checks made on people's medicines. The registered manager had taken action to reduce the risk of people not receiving their medicines safely by changing the pharmacy who supplied people's medicines.

The provider, registered manager and senior staff confirmed people were receiving the care they wanted. These included regular checks to ensure key incidents were analysed, such as falls and complaints. Checks were also made on the safety of the environment, promotion of people's choice and staff training. People's views on the quality of care were gathered through house meetings and questionnaires and action plans put in place to drive through further improvements.