

Voyage 1 Limited

Stoke Green

Inspection report

38/40 Stoke Green
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Date of inspection visit:
14 June 2016

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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

The inspection took place on 14 June 2016 and was announced. Stoke Green provides care and accommodation for up to 9 people with learning disabilities. At the time of our visit 4 people lived at the home. Accommodation was provided in a large detached house in a quiet residential street.

A registered manager was 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.

There were enough suitably trained staff to keep people safe. They had received training to ensure they understood their responsibilities to report any observed or suspected abuse.

Detailed risk assessments and management plans were in place to manage the identified risks. Staff were knowledgeable about the risks associated with people's care and support. Medicines were managed safely so people received their medication as prescribed.

New staff received an induction and recruitment checks were carried out prior to staff starting work at the home to make sure they were suitable for employment.

Staff understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom.

The home had a friendly and relaxed atmosphere. Staff told us they enjoyed working there. We saw staff were patient, responsive to people's needs and had good knowledge of how they preferred their support to be provided. Staff respected and understood people's need for privacy and promoted their independence.

People chose to take part in daily activities in the home and their local community.

People were involved in menu planning and their nutritional needs were met.

People were supported to maintain their health and well-being and the staff maintained relationships with health professionals.

People and their relatives knew how to make a complaint. A system was in place to manage complaints received about the service.

Staff had a good understanding of their responsibilities and staff felt supported by the provider's management team.

Effective systems to monitor the quality of the service and make any necessary improvements were in place. The views of people, their relatives and the staff were sought and listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. There were sufficient numbers of suitable staff to keep people safe. Staff understood how to protect people from avoidable harm and abuse and had a good understanding of the risks associated with people's care. People received their medicines as prescribed from trained staff who understood how to administer medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. When people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with health professionals. People were provided with a wide variety of food which they enjoyed and met their nutritional needs. People were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff were caring in their approach and interacted well with people. Care and support was provided by staff who had a good knowledge of people's needs and how people wanted their care and support to be provided. There were positive relationships between the people living in the home and the staff supporting them. People's privacy was respected and staff promoted people's independence and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices by staff who understood

their communication needs. Care records were detailed and reflected people's needs and choices so staff could meet these in the way people preferred. People were supported and encouraged to take part in a wide range of activities that met their individual needs and wishes. People and their relatives knew how to make a complaint if they wished to do so.

Is the service well-led?

The service was well-led.

People and the staff spoke positively about the provider's management team. There was clear leadership of the service. Staff felt supported and listened to by the managers. The views of people, their relatives and the staff about the service were sought and listened to. Effective quality assurance systems were in place to review the quality and safety of the service provided.

Good ●

Stoke Green

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 June 2016 and was announced. The provider was given 48 hours' notice because the location is a small service for younger adults who are often out during the daytime. We needed to be sure that someone would be in. The visit was carried out by one inspector.

Before the visit we spoke to the local authority commissioning team and asked if they had any information about the service. Commissioners are people who contract service, and monitor the care and support when services are paid for by the local authority. They were satisfied with the quality of care provided.

We reviewed the information we held about the service and the statutory notifications that the registered manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. Our visit reflected the information contained within the PIR.

During the visit we spoke to two people who lived at the home, the registered manager, the team leader and three support workers. We also carried out a SOFI observation. SOFI is a 'Short Observational Framework for Inspection' tool that is used to capture the experiences of people who may not be able to tell us about the service they receive. Following the visit we spoke with one health professional and two people's relatives.

We reviewed two people's care plans and daily records to see how their support was planned and delivered. We reviewed records of checks the staff and the management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

One person told us they felt safe living at Stoke Green. They said, "I am happy here, everything is safe as houses." A relative said, "It feels safe whenever I visit." They explained they visited frequently and they had never had any worries about how their relation was cared for.

Procedures were in place to protect people from harm. For example, we saw the provider's safeguarding reporting procedure in an easy read format was accessible to people to inform them how to report if they felt unsafe. (Easy read is a clear way of presenting information which uses simple language and pictures. It can be useful for anyone who cannot understand written information).

Staff we spoke with had a good understanding of how to keep people safe and records showed they had received safeguarding training. Staff described to us the signs they might see if abuse may be taking place, such as a change in a person's behaviour, becoming withdrawn, or more anxious. One member of staff told us, "We always document everything and tell the manager or team leader immediately if we are worried about someone." Staff felt confident the registered manager would take action if they raised concerns.

Records showed appropriate and timely referrals had been made to the local authority as required to ensure people were protected and potential abuse was correctly investigated.

The provider's whistle blowing policy was on display for staff. (A whistle blower is a person who raises concerns about wrong doing in their workplace. Staff confirmed they were confident to raise concerns if they witnessed poor practice).

The registered manager told us there were two staff vacancies and we saw interviews for potential new staff took place on the day of our visit. Agency staff were never used. The provider employed 'bank staff' to supplement the permanent staff team. These staff members provided cover for staff absences and this meant that people were supported by staff who knew them well.

All the staff we spoke with told us there were enough of them to provide the support people needed to keep them safe at home and when they went out. For example, one person needed support from two staff members when they went out to keep them safe. We saw this happened as the person was accompanied by two staff members to attend a local place of worship. One staff member said, "Staff turnover is low, most of the staff have worked here for several years." On the day of the visit four staff were on duty. We observed staff were not rushed and had time to sit and talk with people.

The registered manager and the staff had a positive approach to risk taking and encouraged people to be independent both outside and within the home. There were detailed risk assessments and management plans in place for staff to follow to reduce any identified risks to people's health and wellbeing. Staff were knowledgeable about the risks and explained in detail how people's support needs varied according to their abilities and preferred routines. For example, one person preferred not to wear shoes and had previously removed them and thrown them at the driver during a car journey which posed a risk. Staff explained that to

reduce the risk they had encouraged the person to remove their shoes before travelling and this was now part of the person's daily routine. We saw this person chose to walk around the home with bare feet. Staff told us they made sure floors in the home were vacuumed daily to make sure the person did not tread on items which could cause damage to their feet.

Risk assessments were reviewed monthly to ensure the information for staff to follow was correct. Staff explained if new risks were identified, people's key worker's updated the person's risk assessment to keep them as safe as possible.

The provider's recruitment procedures minimised the risk to people's safety. The registered manager told us all staff had an interview and people were recruited based on their values and experience. Before staff started work at the home the provider checked they were suitable to work with people who lived there. One member of staff said "I had to wait for my references and DBS check before I could start." The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions by providing information about a person's criminal record.

Medicines were administered, stored and disposed of safely. One person said, "Staff help me with my tablets." We reviewed two people's medicine records (MAR) to check they were being managed safely. We saw staff followed good practice when handling medicines and medicines were stored safely in locked cabinets, so they were not accessible to people. Some people required their medicines to be administered on an "as required" basis. These are medicines that are prescribed to treat short term or occasional medical conditions or symptoms and are not taken regularly. Medicine plans for each medicine prescribed 'as required' informed staff when and why the medicine should be given. This ensured people did not receive too much, or too little medicine when it was prescribed in this way.

Staff told us some people took these medicines to reduce their anxieties. We looked at the administration of these medicines and we saw they had very rarely been administered. A health professional we spoke with said, "They [staff] follow my advice to reduce people's anxieties instead of being reliant on medicines. It works really well and I am working closely with the registered manager to reduce the need for these medicines even further." They explained how one person no longer required this type of medicine and they described this as 'a real success story' which had had a positive effect on the person's well-being.

Only trained competent staff administered people's medicines. Staff we spoke with confirmed they had received training and a manager observed their practice every six months to make sure they continued to be competent to do so. A series of regular checks and audits took place to check medicines were accounted for and were being administered as prescribed. A recent audit had highlighted an error and the registered manager had taken action to reduce the likelihood of further errors happening. For example, two staff members now administered medicines to people to make additional checks.

The provider's fire procedure was in an easy read format and was on display in communal areas which provided information for people and their visitors. One person knew what to do if they heard the fire alarm. They said, "We go into the garden with the staff."

Emergency evacuation plans were within people's care plans which meant in an emergency people could be assisted by staff to evacuate the building quickly and safely. Staff confirmed they had received fire safety training and explained what action they would take if there was a fire. One staff member told us, "We have regular practice fire drills and I have completed fire safety training". Records showed practice fire drills had taken place.

Accidents and incident records were up to date. The registered manager had analysed the records each month to identify any patterns or trends to reduce further incidents occurring.

A maintenance person was working at the home on the day of our visit undertaking general repairs. Checks of the environment had been carried out to ensure the building and the equipment were safe for people to use. For example, all electrical equipment had been safety tested in April 2016.

Is the service effective?

Our findings

We received positive feedback about how the home responded to people to ensure a personalised service. A relative said, "He [Person] gets the care that he needs, and it feels like his home." A Health professional said, "They involve [Person] and his family in everything that happens."

Prior to admission to the home, people were assessed to determine their level of independence and care needs. This assessment had including staff spending time with people before they moved in to get to know them. The team leader explained this was 'essential' as it made sure the home was the right place for the person to live and to ensure their needs could be met. We looked at two people's assessments and they contained detailed information about people's care and support needs. Areas covered included eating and drinking, hearing, speech, communication, and their mobility.

Staff we spoke with knew the people they cared for well. Staff worked together in small teams to provided consistent personalised care. A member of staff said, "We have to know every single thing about a person's routine. That's why we work in teams. If we don't, people can become frustrated." Another staff member explained in detail about one person and their routine. For example, a person who had autism enjoyed going for three shorts walks each day to a local park. Following the guidance of a health professional on one of the walks the staff made sure the person carried a back pack which contained small weights. This was supportive for the person because the weight provided surface pressure to the body. This stimulated their senses to reduce their levels of anxiety by providing a 'comforting hug-like squeeze'. This had a positive effect on the person and staff told us this made them calm and relaxed .

We saw staff had a good understanding of the way people preferred to communicate. Some people were unable to use speech and we saw they used pictures, gestures and Makaton which helped the staff to understand what they were trying to tell them. (Makaton is a language that uses signs and symbols to help people to communicate). We saw staff understood what these signs and gestures meant. For example, we saw one person put their hands together and bowed their head. A member of staff saw this and said, "Yes, we're going later." The person responded positively to this by smiling. The member of staff explained this person was telling them they wanted to go to a place of worship to pray.

Staff told us how they supported people to make choices. For example, they used picture cards so people could choose what they wanted to eat and drink. This meant that staff were supporting people to make choices and communicating in a way people understood.

Everyone who lived at the home had a personalised care record which provided a clear and detailed overview of the person, their life, preferences and support needs, along with pictorial instructions as to what they need in order to participate in their care. For example, we saw one person enjoyed exercise. We saw how the person was supported by staff to spend time in the evenings to ride a bike. The files were well organised so information about people and their support needs were easy to find.

People and their relatives were involved in their support planning. Support plans were written by the

person's key worker, and involved the person, their family, and health / social care professionals. A relative confirmed they, or other family members were always invited to review meetings. They said, "Were kept up to date and attend meetings." They explained this made them feel involved and they were pleased with the care and support provided.

We asked staff how they knew if a person's care needs had changed. They told us messages were often passed on verbally and a communication book was in use. One staff member told us, "Whenever people's care records or risk assessments are updated we sign to say we have read and understood the changes." This meant staff had up to date information about people's emotional or physical health.

A keyworker system was used and this meant people were supported by a consistent named worker who knew them well. Individual meetings between people and their keyworker were held every month. These meetings were in an 'easy read' (pictorial) format and showed that regular discussions had taken place with people about things they would like to change. People also had the opportunity to join with group meetings to decide how any changes at the home were made. For example, people had been involved in making suggestions to improve the garden area.

People were supported to take part in social activities which they enjoyed. On the day of the visit people took part in a variety of activities. One person chose to go to the cinema. We saw staff showed the person a list of films that were available and the person chose the film they would like to watch. Another person chose to go shopping to purchase some new batteries for their radio. The person said "I love going shopping."

People were supported to plan day trips and holidays. For example, one person was going on a coach trip to Blackpool shortly after our visit. We saw a 'count down chart' was used so the person knew when they would be going. Staff explained the chart was really useful as the person did not have to rely on staff to remind them when they would be going.

People were supported by staff that listened to and responded to complaints. A relative said, "If I had a problem, I could just call." The provider's complaints policy was called 'see something, say something'. It was in an easy to read format so it was accessible to the people that lived there. It included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

One complaint had been received at the home in the last 12 months. We saw that the registered manager had responded and the complaint had been resolved. The registered manager explained that complaints were welcomed and would be used as a tool to improve the service for everyone.

Is the service caring?

Our findings

We had very positive feedback about the caring nature of the staff from people, relatives and those that visited the home regularly. A person we spoke with said, "Staff are kind. I am happy living here." Comments from staff about the home included, "I love it here," and, "I try my best to make sure people are happy, I think they are." They explained over time they had gained people's trust and built good relationships with the people who lived there.

We asked staff what being caring meant to them. Comments included, "Knowing all the small details about people," and, "Understanding why people do the things that they do." The registered manager told us they were confident all of the staff working at the home had a caring and kind attitude towards people.

People were supported by a staff team who knew their abilities, support needs, habits, and preferred daily routines. We spent time in the communal areas and the atmosphere was calm and relaxed. Staff were patient and caring towards people and treated them with kindness. People confidently approached staff for assistance when they needed it. This showed us they were relaxed and comfortable with staff.

Staff were aware of people's right to privacy and provided support in a dignified way. Staff respected that Stoke Green was the home of the people who lived there. We saw staff knocked on people's bedroom doors and waited for permission before they entered. One person did not always sleep well during the night time. One member of staff said, "If [Person] has not slept well during the night time we will leave them to have a lie in. We leave them in peace; [Person] will come into the kitchen when they are ready to get up." We saw this happened and this routine was documented within the person's care plan.

Staff were patient and recognised the importance of promoting people's independence. They gave people time to complete tasks in the way which they preferred. One member of staff explained to us how one person liked to make themselves a packed lunch in a particular way. They said, "It may seem like small things, but it is really important [Person] follows their daily routine."

People decorated their rooms according to their individual preferences. One person showed us their bedroom. The person enjoyed listening to particular music and this had been taken into consideration in how their room was decorated. For example, pictures of their favourite singer were on display. We saw they had lots of personal belongings to personalise the environment.

One person told us, "My dad comes to see me, I like that." People who lived at Stoke Green were supported and encouraged to maintain links with their friends and family. There were no restrictions on visiting times and one relative said, "Yes, we visit whenever we like." Records showed all of the people who lived at the home had frequent family contact and chose to spend time with their families.

Information about a local advocacy service was on display in the home. Nobody living at the home at the time of our visit needed an advocate although this service had been used in the past to help people make important decisions and choices. An advocate is an independent person who is appointed to support

people to express their wishes and then helps them to make informed choices and decisions about their life.

People's confidential information was kept secure so people were assured their personal information could not be accessed by others.

Is the service responsive?

Our findings

We received positive feedback about how the home responded to people to give a personalised service. A relative said, "He [Person] gets the care that he needs, and it feels like his home." A Health professional said, "They involve [Person] and his family in everything that happens."

Prior to admission to the home, people were assessed to determine their level of independence and care needs. This assessment had including staff spending time with people before they moved in to get to know them. The team leader explained this was 'essential' as it made sure the home was the right place for the person to live and to ensure their needs could be met. We looked at two people's assessments and they contained detailed information about people's care and support needs. Areas covered included eating and drinking, hearing, speech, communication, and their mobility.

Staff we spoke with knew the people they cared for well. Staff worked together in small teams to provided consistent personalised care. A member of staff said, "We have to know every single thing about a person's routine. That's why we work in teams. If we don't people can become frustrated." Another staff member explained in detail about one person and their routine. For example, a person who had autism enjoyed going for three shorts walks each day to a local park. On one of the walks the staff made sure they carried a back pack which contained small weights. This was supportive for the person because the weight provided surface pressure to the body. This stimulated their senses to reduce their levels of anxiety by providing a 'comforting hug-like squeeze'. This had a positive effect on the person and staff told us this made them calm and relaxed.

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We asked staff how they knew if a person's care needs had changed. They told us messages were often passed on verbally and a communication book was in use. One staff member told us, "Whenever people's care records or risk assessments are updated we sign to say we have read and understood the changes." This meant staff had up to date information about people's emotional or physical health.

A keyworker system was used and this meant people were supported by a consistent named worker who knew them well. Individual meetings between people and their keyworker were held every month. These meetings were in an 'easy read' (pictorial) format and showed that regular discussions had taken place with people about things they would like to change. People also had the opportunity to join with group meetings to decide how any changes at the home were made. For example, people had been involved in making suggestions to improve the garden area.

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One complaint had been received at the home in the last 12 months. We saw that the registered manager had responded and the complaint had been resolved. The registered manager explained that complaints were welcomed and would be used as a tool to improve the service for everyone.

Is the service well-led?

Our findings

We received positive feedback about the management of the home and people told us they were happy living there. A relative had praise for the way the home was run, citing good links with the registered manager but also stating that, "Staff are great." A health professional said of the registered manager, "He is a very good manager and we have frequent contact and meetings."

Staff told us they received good support from managers and told us they enjoyed working at the home. Comments included, "[Registered manager] is approachable," and, "They [team leader] listen to new suggestions that could improve the service for people."

The provider's management team consisted of a registered manager and a team leader. The registered manager was experienced and had been in post for over 12 months at Stoke Green. They told us they were proud of the dedicated and hardworking staff team. They felt supported in their role, for example, they explained how support had recently been provided to them by the human resources department to assist them to make a decision.

The management team completed regular checks of different aspects of the service. This was to highlight any issues in the quality of the care provided, and to drive forward improvements. For example, regular checks on cleanliness of the environment and people's medicines. These checks should ensure the home was run effectively and in line with the provider's procedures.

On-going support was provided to the manager's by the provider's operational manager. They visited the home frequently and completed a quality assurance audit every four months. The most recent audit had been completed in May 2016 and showed us the home was working in-line with the provider's policies. These visits also showed they had spoken with people, staff and visitors and identified good practice and areas that required further development.

Records showed that daily 'walk arounds' by managers took place. Staff told us the managers had a 'hands on approach' and worked alongside them on a daily basis. This approach ensured managers had an overview of how staff were providing care and support to people and gave them the opportunity to speak with people and staff.

We saw good team work and communication between the staff team and the managers during the visit. For example, we saw staff confidently approached the team leader who provided them with support and advice.

An out of office hour's on-call system was in place. This meant the staff could speak to a member of the management team if they had any concerns. Staff confirmed managers were available at these times to deal with emergencies and to offer them support and guidance. Staff told us that this made them feel supported and listened to.

The management team encouraged feedback from people, their relatives, visitors and staff. We looked at six

questionnaires that had been completed in 2015. Comments included, "It's a happy environment," and, "Everything runs smoothly, there are no problems." Completed questionnaires had been analysed and, overall, people were satisfied with the service provided. The registered manager told us an improvement action plan would be implemented if improvements had been required.

We asked the registered manager about their responsibilities for submitting notifications to us. This was because we had not received any notifications since the last inspection. A notification informs us of events that affect the service which the provider is required by law to tell us about. They demonstrated they understood their legal responsibility for submitting statutory notifications. We did not see any information during our inspection which we should have been notified about.