

Voyage 1 Limited

Smallwood

Inspection report

Wards Drove
Blandford St Mary
Blandford Forum
Dorset
DT11 9LZ

Tel: 01258488451
Website: www.voyagecare.com

Date of inspection visit:
07 January 2022
10 January 2022
26 January 2022

Date of publication:
22 February 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Smallwood is a residential service that provides 24-hour care and support to autistic people living in two separate buildings on the same site. The home comprises of the Main House, which accommodates up to five people and the Cottage which can accommodate up to three people. At the time of the inspection there were five people living in the Main House and two people living in the Cottage. The home is set in a rural location in Blandford Forum.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture

Right Support

- People were supported by staff to pursue their interests.
- Staff enabled people to access specialist health and social care support in the community.
- The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative to keep them and others safe.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.
- The service had enough appropriately skilled and knowledgeable staff to meet people's needs and keep them safe.
- Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

- Staff placed people's wishes, needs and rights at the heart of everything they did.
- People received good quality care, support and treatment because trained staff and specialists could

meet their needs and wishes.

- People and those important to them were involved in planning their care.
- Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 07 June 2018).

Why we inspected

We received concerns in relation to an incident of inappropriate conduct by a staff member which was then not reported by another staff member present. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We found evidence that an isolated incident occurred that did not involve or cause harm to people living at Smallwood. We referred the matter to the Police and local safeguarding team who reviewed the available evidence and decided to take no further action. When we brought the incident to the provider's attention they immediately conducted a thorough investigation and took appropriate action.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Smallwood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors and a member of the CQC medicines team carried out the inspection.

Service and service type

Smallwood is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We liaised with the local safeguarding team and the Police. We used all this information to plan and inform our inspection.

During the inspection

We communicated with six people who used the service and five relatives about their experience of the care provided.

We are improving how we hear people's experience and views on services, when they have limited verbal communication or don't use words. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with six people to tell us their experience.

We spoke with seven members of staff including the registered manager, team leader, care staff, and the operations manager.

We spent time observing people including their interactions with staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We received a PIR while the inspection was in progress and reviewed this to help inform our judgements.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We liaised with the provider to discuss actions they had taken in response to the concern that had led to our inspection. We spoke with four health professionals who visit people at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We inspected after receiving concerns of inappropriate conduct by a staff member which was then not reported by another staff member present. This was an isolated incident and did not involve or cause harm to any people living at Smallwood. The provider carried out an immediate internal investigation and took appropriate action.
- We were assured with the whistleblowing procedures in place at the home. Staff told us they would whistle blow on colleagues if they observed or heard about harmful and abusive practice. They were unanimous in feeling confident they would be listened to by senior management and appropriate action taken. A staff member offered, "I wouldn't hesitate to do so if I was concerned for someone's safety."
- We communicated with six of the seven people living at Smallwood. For those people unable to communicate verbally, we used an alternative communication tool to ask their views. All six people told us they felt safe. One person continually pointed at "happy" when asked about staff. Another person was able to tell us they felt safe and that staff helped them calm down. We observed people's interactions with staff. They appeared happy, calm and comfortable in their presence, often smiling and giggling.
- Relatives all felt their family members were safe at Smallwood. Their comments included, "I very much feel [name] is safe. Safest place anyone could be", "Very much feel [name] is safe. They know [name] more than I do!", "I feel [name] is safe there. Big pressure off my mind as I know they look after [name] so well" and, "They are so professional and have kept [name] safe. They know the risks in [name's] life."
- The service had up to date policies and procedures for safeguarding people from abuse and harm. Staff understood their responsibilities in this area and knew who to raise concerns with both internally and with external agencies such as the local safeguarding team, Police and CQC.
- When concerns were raised these were thoroughly investigated and timely action taken. A professional expressed, "[People] do seem to be well looked after and safe."

Staffing and recruitment

- People were supported by sufficient numbers of knowledgeable and competent staff which helped to keep them safe and meet their needs. A professional said, "I have no concerns about the competence of staff supporting people living at Smallwood." A staff member commented, "Staffing is generally good though this has been difficult industry wide since Brexit and COVID-19."
- The provider told us they recognised the impact of the COVID-19 pandemic on staff resilience and wellbeing, and were engaging with staff to improve this.
- Pre-employment checks were carried out before staff and agency workers had contact with people at Smallwood. These included criminal record checks with the Disclosure and Barring Service, full employment history, verified references and checks on entitlement to work in the UK. In addition, the service held profiles for each agency worker.

Assessing risk, safety monitoring and management

- People's risks were assessed, monitored and regularly reviewed. This included risks associated with skin integrity, ingestion of foreign objects, COVID-19, managing money, cooking, going out and supporting people at times of emotional distress. A professional told us, "They are proactive in assessing and managing risk, including appropriate positive risk taking to promote meaningful activities and fulfilled lives."
- Where people had been known to express emotional distress or agitation they had personalised support guidelines to help staff identify the triggers and support them to mitigate risks.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. People and their families had been included in developing these pro-active plans. Two professionals feedback, "They are very mindful of not being unnecessarily restrictive. They use pro-active strategies rather than reactive" and "They are resourceful with their care planning. They make sure things are the least restrictive."
- Environmental risks were assessed, and appropriate action taken when required. This included fire equipment and systems, water temperature and quality checks, home security, window restrictors and heat wave planning.
- Senior management conducted spot checks across day and night shifts to ensure staff practice remained consistent and of a good standard.

Using medicines safely

- People were supported to take their medicines safely, in a way that suited them.
- Staff who administered medicines were trained and competent to administer medicines safely. A staff member said, "I feel confident doing this."
- Regular supervision ensured that staff skills, knowledge and competence was up to date.
- People's medicines support needs were assessed and recorded in their care plans, so staff could support them in a way that met their needs and promoted independence.
- Support staff represented people's best interests when working with healthcare professionals to review and reduce doses of medicines. This followed the principles of 'stopping the overmedication of people with a learning disability and autistic people' (STOMP).
- Medicines were used to help people who were experiencing distress or anxiety only when other options had been tried to support the person. Staff worked closely with the person to reduce the likelihood that medicines would be needed. If medicines were used, the outcome was monitored and recorded.
- Staff recorded on medicines administration records (MAR) when medicines were given to people. MAR were checked regularly to make sure they were accurate. Staff had a daily checklist to make sure they were following the right procedures to give medicines safely to people.
- Staff were encouraged to report medicines errors. This led to additional training if needed, or changes to systems and processes to improve safety.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- Visiting was being supported in line with government guidance with staff taking all necessary precautions to keep people in the home safe and maintain their wellbeing.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. The manager audited these records and shared learning with staff and people in a way they could understand.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff had a good understanding of their roles. The registered manager told us, "It's about my responsibility to the people I support. If anything is detrimental to them I wouldn't want to be a part of it. The people are my main focus. Safe running of the service, reporting of things, recruitment of good, wholesome staff. Being available, here for your team. Creating a good team dynamic." A staff member said, "[My role] has a lot of depth in terms of learning and understanding the people we support. It can be immediately apparent when you've made a positive effect on the people who live here."
- The service had notified CQC of significant events and incidents, which is a legal requirement.
- The manager demonstrated a good understanding of the duty of candour telling us, "This is when something preventable has happened. We would apologise to them and their parents, explain what has happened, revisit our risk assessments, training and guidance. We try to put preventative measures in all the time. It is better to prevent things happening in the first place."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture where management and staff supported each other and were ambitious in trying to improve people's quality of life. When describing the culture staff commented, "I feel supported by my colleagues. The seniors are lovely, very supportive", "It's very rewarding working there" and "I think it is a good place to work." The Operations Manager said, "The team are really dedicated." The registered manager told us, "I think the team are great. They are buoyant and capable." A relative offered, "They have so much concern and care for people. It means a lot to me."
- The registered manager had been at Smallwood for 10 years and was held in high regard. All stakeholders felt the service was well led. Relatives commented, "They [staff] work extremely hard. Good team work there. That comes from the top" and "[Name of registered manager] is amazing. Always gets back to you. Takes concerns seriously no matter how small." A staff member expressed, "[Name of registered manager] and [name of team leader] are so spot on with everything." Professionals told us, "The registered manager is excellent", "It is very well managed and has been for the past few years. I only wish they had some vacancies" and "[Name of registered manager] models very well, supports and nurtures her team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives' views were sought via surveys. A relative said, "I have completed surveys in the past. I give a lot of feedback as it's particularly important to say when they are doing a good job."
- Staff were also given opportunities to feedback and influence the direction of the service. A staff member said, "I personally have always felt that my feedback has been appreciated and acted on." Another told us, "We get good updates and handovers. We can suggest ideas and they are listened to. We had a survey a couple of months ago - I fed back positively. Any concerns or worries here they are dealt with. They listen and advise."
- Team meetings had been held but were less frequent than before the COVID-19 pandemic. This was due to it being more difficult to meet as a larger team due to social distancing restrictions. The provider was planning to trial the idea of meetings over the internet to increase opportunities to attend with the plan to re-introduce face to face meetings when restrictions eased. Meetings included praise of staff, for example, "A big thank you from [name of registered manager] for coping, managing, being gracious throughout. You have all been fabulous at keeping the people we support safe."

Continuous learning and improving care; Working in partnership with others

- Management systems identified and managed risks to the quality of the service. Results of audits were used to help drive improvement.
- Records showed the registered manager shared learning with Smallwood staff from incidents in other homes. This helped to increase their understanding and improve care for people they support.
- The service collaborated with other agencies to improve care provision and support the health and social care system. This has included supporting placements from student nurses and a student psychologist.
- A professional told us, "[The service is] highly thought of by learning disability professionals locally. People are well looked after and kept safe in this setting."