

Voyage 1 Limited

Heather House

Inspection report

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Tel: 01914100712

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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

About the service

Heather House is a residential care home providing personal care for up to 10 people who live with a learning disability. At the time of our inspection there were nine people using the service. A main house accommodated up to nine people. There was a separate bungalow at the back of the main house where one person lived.

The service was also registered to provide personal care to people living in their own homes in the community. At the time of our inspection this service was not being provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People who used the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service was very responsive to suggestions made by professionals. Staff were led by a manager who was committed to improving people's lives. People received personalised support from a flexible staff team who responded to people's changing needs. Staff supported people to access activities they had chosen and to engage with their local community.

Feedback from professionals and relatives was positive. They felt the service was the best it has ever been. People were calmer and happier.

Information was provided to people in an accessible manner. No complaints had been made about the service.

Staff meetings needed to be further developed to include staff in their planning and discussion topics. Minutes of meeting showed the registered manager took charge of the agenda. We made a recommendation about this.

People were supported by staff who knew how to keep them safe. Staff had undergone a robust recruitment process. They had been trained in safeguarding and knew how to raise concerns. Staff understood people's personal risks and knew how to prevent avoidable harm. People's medicines were administered in a safe manner. Actions were taken to reduce the risk of infection.

Staff were supported to learn about people's needs through induction, training and supervision. Staff understood people's dietary requirements. People were supported to lead a healthy lifestyle. The registered

manager maintained a check on people's annual healthcare appointments. Signage to support a person living with dementia was required to help them orientate around the home. The registered manager told us signs were on order.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were treated with dignity and respect. Staff spoke to people with kindness.

Effective arrangements were in place to monitor the quality of the service. There was a culture of continuous improvement. Feedback was requested, and action taken to improve the service. Professionals told us the registered manager and the staff worked well with them.

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 17 July 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based in line with our inspection schedule.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Heather House

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.

Inspection team

The inspection was carried out by one inspector and supported by an Evidence Reviewing Officer (ERO). An ERO works for the Commission to review evidence in complex cases. The ERO was observing the inspector as a part of their induction to CQC. They participated in some evidence gathering.

Service and service type

Heather House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to 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.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the regional manager, the registered manager, the deputy manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who are in regular contact with 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 this inspection this key question was rated as good. This meant people were safe and staff protected them from harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who were trained in safeguarding. Staff were aware of how to report any concerns.
- Robust arrangements were in place to ensure people's finances were safely managed. The registered manager understood how to use the provider's systems to be accountable for people's personal finances.

Assessing risk, safety monitoring and management

- Risks to people had been assessed in detail. Staff understood people's personal risks and knew how to reduce known risks.
- Monitoring of the safety aspects of the building were routinely carried out. Fire safety arrangements for the home were in place.
- The registered manager monitored accidents and incidents to see if they were avoidable.

Learning lessons when things go wrong

- The registered manager and the staff were continually adapting and learning lessons as people's needs changed. Lessons learnt were shared with staff during staff meetings.
- The provider had a system in place to document when significant discussions had taken place with staff. This system allowed staff to discuss what had happened and lessons they could learn if things had gone or were at risk of going wrong. The registered manager had used the documentation to good effect.

Staffing and recruitment

- The provider had a safe recruitment process in place. Pre-employment checks were carried out before staff began working in the service.
- The new provider had introduced a staff file check list, which included asking about gaps in staff employment. The registered manager showed us the new checklist and how they were addressing the gaps they had found in staff records. .
- There were sufficient staff on duty to meet people's needs.

Using medicines safely

- Medicines were safely used by staff. Staff were trained in the receipt, storage, administration and disposal of medicines.
- Arrangements were in place for the safe transfer of people's medicines to their family members when they spent time overnight with their families.

Preventing and controlling infection

- Cleaning was carried out to ensure risks of infections were minimised. The home was clean and tidy.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At this inspection this key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with national standards and the law. Since the provider had taken over the service no one had been admitted using the provider's assessment document. Their document provided a framework for a holistic assessment of people's needs.
- People's choices were documented. This included their preferred choice of activities when out in the community.

Staff support: induction, training, skills and experience

- Staff were supported through a period of induction, which assisted them to familiarise themselves with the service and gain the necessary experience to work alone.
- The provider had a well-developed staff training programme, which was designed to ensure staff had the right knowledge and skills to meet people's individual needs. The registered manager had sourced training for staff to meet people's specific needs and this included one person who was due to be admitted to the service needs. They told us the provider was responsive to meeting the needs of staff.
- The registered manager had recently changed the supervision meeting format to promote a two-way conversation between staff and their supervisor. Staff confirmed they were receiving supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a four-week menu in place which provided people with choices for a balanced diet.
- Throughout our inspection people were offered drinks to maintain their fluid levels.
- Staff had incorporated nutrition guidance from the Speech and Language Team (SALT) into people's care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care files showed staff had regular contact with other healthcare professionals and agencies and sought their advice and guidance.
- The registered manager tracked people's annual health appointments to ensure people had consistent care.
- Staff supported people to attend appointments and welcomed other healthcare professionals into the home. A healthcare professional told us staff followed the guidance they provided.
- People were supported to participate in activities, which helped them to maintain their well-being.

Adapting service, design, decoration to meet people's needs.

- Adaptations had been made to the building to meet people's needs. Signs had not been put in place to support people living with dementia to orientate themselves around the home. We drew this to the attention of the registered manager who confirmed signs were due to be delivered.
- An area of the home had been developed for one person where they felt the most comfortable. The person could go there if they felt there was too much noise in other parts of the home.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were provided with training in the MCA and DoLS and had carried out mental capacity assessments. These had resulted in best interest decisions being used to decide on how to meet people's care needs.
- Appropriate DoLS applications had been made to the local authority. These had been granted and the service had arrangements in place to keep people safe.
- Mental capacity assessments had been carried out and best interest decisions had been made in collaboration with relatives and other professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question was rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well-treated by staff who understood their needs and were able to anticipate their requirements. One relative told us staff were, "Very caring."
- People approached staff and looked comfortable and relaxed around them. There was a friendly and caring atmosphere in the home. Staff treated people with kindness.
- The registered manager had documented feedback given by professionals and other visitors to the home. There were many examples of positive feedback, which described staff providing good support to people. Feedback from one relative was extremely complimentary about the care provided by staff to them and a person they had supported in hospital. The care provided sustained them through a difficult period and enabled the person to be cared for by familiar staff.
- People's diverse needs were respected by staff who had been trained in equality and diversity. The provider's initial assessment document set out questions to ask about equality and diversity issues.

Supporting people to express their views and be involved in making decisions about their care

- Throughout our inspection staff offered people choices. People who were not able to verbally communicate were given options by staff. Their responses were considered as staff found ways to understand what people wanted. Staff were patient with people and understood how they communicated. This included interpreting one person's behaviour who was not able to speak for themselves.
- Advocacy services had been used by the staff to support and represent people's views. One advocate told us staff understood and respected the role of the advocate.
- Resident meetings were held on a regular basis. People's wishes for packed lunches at their day centre, outings and activities were recorded and acted upon. People were also asked if the home required any repairs.
- People had been involved in planning their holidays for 2019.
- The registered manager explained they had engaged people in the safety checks in their home. Each person was allocated a job role and invited to join staff when they carried out tasks. This included looking after the rabbit and carrying out lighting checks. The registered manager felt that this had led to one person having overall increased confidence. This in turn had led to them achieving recognition at their day centre for raising concerns about another person's health needs.
- Relatives felt welcomed into the service. One relative felt talking to staff was like talking to their friends. Another relative told us they could not fault the care and said, "I am really involved with them."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted by staff in different ways according to each person's abilities. In a

resident's meeting one person said they liked to make their bed. Another person liked cleaning tasks. People were able to move around the whole building and could choose where they wanted to be.

- The provider used a programme known as positive behaviour support which included measures of people's increasing independence. Following our inspection visits the registered manager sent us completed charts for one person over a five-week period which showed staff had supported a person to develop increased independence skills.
- Personal care was carried out in private to maintain people's dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At this inspection this key question was rated as good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One person's favourite cuddly toy which they used for emotional support had become worn. Staff sourced a replica and helped the person understand their cuddly toy was having a makeover to avoid distress. One person's determination to take numerous possessions to their day centre was having an adverse impact on the transport and other people on the bus. Staff found a solution using photographs of their possessions which resulted in the person continuing to attend their day centre. One professional described the service as a "Breath of fresh air."
- Staff showed flexibility and provided twenty-four-hour staff cover to avoid a person in hospital becoming isolated. They regularly updated the registered manager on the person's progress. The person's relative expressed admiration for the staff for adapting quickly to the person's changing needs. This allowed the person to return to their familiar home.
- People were well supported to maintain relationships which were important to them. Staff enabled people to have regular contact with their family. One person was being assisted to talk to their relatives using the internet. Their care plan broke down the tasks required to achieve this goal. Their first task was to learn how to switch off the system at the end of the call.
- The registered manager and the staff had organised for people to have a meal on Mother's Day with their relatives. Relatives felt highly valued by this initiative. The event had resulted in compliments. One relative described the occasion as "Really special."
- The service had recently celebrated its 30th birthday. People had lived in the home for many years during which time it had been run by different providers. The registered manager arranged the celebration party, which included a magician, an ice cream van and stocks where people threw wet sponges at the registered manager. People recounted this activity with smiles on their faces.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was responsive to people's needs. Professionals told us the registered manager had responded immediately to their suggestions. One professional said, "They are on it straight away." They told us the service had come on leaps and bounds. Professionals and family members noted as people's care had become more personalised, people had become calmer with positive behavioural changes. Specific guidance to manage one person's behaviour had reduced the times the person had become distressed. Their use of mood stabilising medicine had reduced. Relatives had noted an improvement and confirmed the person was much happier.
- Another professional told us they had suggested to the registered manager people could be offered a more personalised service. This would reduce the amount of time individuals attended a day centre. Staff had talked with people about what they would like to do in the community. Two people were now volunteering

at a local care home and one person had gone fishing. Another person had begun working with horses. The registered manager told us the person would obtain a certificate in equestrian management. Other people attended church activities and ran a weekly stall at a local community centre. Everyone spoke with enthusiasm and happiness about their new personalised activities. Staff noted the introduction of new person-centred activities had a very positive impact on people's confidence.

- Using positive behaviour and active support techniques staff had documented a person's participation in their care. This showed over a period of five weeks since the techniques were introduced the person had been given increased choice and control. They had continued to no longer need high levels of staff support and the use of mood stabilising medicines had reduced.
- Care plans and risk assessments for people were personalised and detailed. They supported staff to fully understand people's needs. Staff had observed one person seeking to be in a quiet area under the stairs. They felt this was due to the person's diagnosed condition. They set about promoting the person's choice and developed an area of comfort specifically for them including buying a comfortable chair to keep them safe and involved in the home.
- Staff had a very good understanding of people's needs and preferences. They gave people choices throughout our inspection. In one person's care plan staff were to support one person by offering two choices to give them control, prevent them feeling overwhelmed and to avoid confusing them.
- Care arrangements were under constant review. New oral hygiene plans had been implemented to meet people's needs. Staff made sure people were supported to clean the teeth on a regular basis.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. There had been no complaints since the provider had taken over the service. Information on how to make a complaint was available in the entrance to the home. The registered manager had given advice to staff in a staff meeting how to deal with complaints.
- Relatives told us they had not needed to make a complaint. They said if they had wished to discuss any aspect of a person's care, the staff and the registered manager was responsive to them.

End of life care and support

- The provider had a policy statement for end of life care. The policy recognised the need to provide support to family members working through bereavement.
- Staff had worked with people and their families to record end of life wishes when appropriate. Staff explained to us that not everyone wanted to discuss this sensitive issue and they respected their wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Arrangements were in place for visual prompts to people in the home. A board in the dining room gave people information about their daily activities in written and pictorial formats. Another board in the reception area provided people with information including, which staff were on duty.
- The provider had easy read documents including a questionnaire about the quality of the service.

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

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

- One person was offered the opportunity to be involved in staff recruitment. They told us they enjoyed interviewing people.
- Staff had been invited to give their views on the service. The registered manager told us when staff had written something in the records which appeared negative, they had discussed this with the staff concerned. The registered manager told us had found staff did not understand some of the questions on the staff survey and had they had informed the provider about this issue with the questionnaire.
- The minutes of staff meetings showed the registered manager provided staff with information across a range of subjects. The recorded meetings did not suggest staff were openly invited or involved in contributing to the agenda or meeting. A topic box had been made available for staff who wanted to anonymously suggest topics for discussion. Minutes of the meetings included the registered manager speaking to staff about actions which would be taken should staff fail to comply with instructions. We spoke with the regional manager about some of the messages this behaviour gave staff. They confirmed some of the information provided to staff about employment issues was at times misleading.

We recommend the provider seeks support and training for the management team about running staff meetings.

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

- The registered manager and the deputy manager were committed to building a strong ethos of person-centred care. There was a drive and energy from the registered manager to place people at the heart of the service. Staff understood the registered manager's approach to the service.
- People were achieving good outcomes. Staff were supporting people to include them in their local community.

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 understood the duty of candour. They had explained the duty to staff in their staff meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective governance arrangements in place. The provider had implemented an electronic system in place to monitor the quality of the service. The registered manager carried out regular audits and identified actions to make improvements.
- The registered manager had information documented and stored for easy access to demonstrate the service met the regulatory requirements.

Continuous learning and improving care

- There was a culture of continuous improvement, which was driven by the registered manager and was designed to improve the quality of people's lives.
- The registered manager had oversight of developments in the service which included national initiatives such as STOMP which stands for stopping over medication of people with a learning disability, autism or both. They shared this information with staff who were required to sign to say they had read it.
- The registered manager had asked staff for suggestions to develop the values of the service.
- The provider had a scheme in place to recognise staff achievements. The registered manager told us they had nominated the staff team for the work they do. Staff were able to nominate each other for recognition in the service.

Working in partnership with others

- There was a clear determination from the registered manager and the staff to work in partnership with others and achieve the best outcomes for people. Professionals felt the registered manager worked in partnership with them and responded promptly to suggestions for improvement.
- Professionals told us when they wanted information on people this was immediately produced.
- Families felt the service had listened to them as partners in people's care after they had raised issues.