

Voyage 1 Limited

# Birchwood Bungalow

## Inspection report

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30 August 2019

03 September 2019

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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

Birchwood Bungalow provides accommodation and personal care for up to seven people with learning disabilities. It does not provide nursing care. The home accommodates seven people in one adapted building.

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 using 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

People were supported to have maximum choice and control of their lives and 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.

Only one person living in the home had limited verbal communication skills. The other people who used the service were unable to communicate verbally due to their complex needs. People's relatives told us, people received care and support from staff in a safe way and caring way.

People's care plans reflected their needs but also their likes, dislikes and preferences. Positive behaviour support plans were used by staff to promote people's wellbeing by understanding their behaviours and pre-empt any incidents.

Risk assessments were in place to give staff guidance on how to help people stay safe when out in the community or in the home receiving care and support.

People's dietary needs were met and if they required support from health care professionals staff involved them. People had planned annual health checks.

Relatives told us they always found staff caring and respectful towards people. They felt confident that if

they raised any concerns the management in the home would take those seriously and resolve them.

Staff used a range of communication tools to help people express their views, likes and dislikes. Staff felt supported by the registered manager and the provider`s operations manager. They received training relevant to their roles and regular supervisions.

The provider began work to refresh and improve the environment people lived in. the work was effectively planned, and risk assessed to ensure minimal disruption to people`s normal routines.

A number of methods were used to assess the quality and safety of the service people received and continuous improvements were made in response to the findings.

Rating at last inspection: The last rating for this service was Good (report published in February 2017).

Why we inspected: This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birchwood Bungalow on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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** ●

# Birchwood Bungalow

## 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 conducted by one inspector.

#### Service and service type

Birchwood Bungalow is a care home which provides accommodation and personal care for up to seven adults with learning disabilities and/or autism. People in care homes receive accommodation and 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. It was carried out on 14 August 2019. On 30 August 2019 and 03 September 2019, we received feedback about the service from relatives and social care professionals.

#### What we did before the inspection

Prior to the inspection we reviewed the Provider Information Record (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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with one person receiving a service, three relatives and two members of staff. We also spoke with

the provider`s operation manager and received feedback from a social care professional involved in people`s care.

We reviewed two people's care files, two staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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

- Relatives told us people in Birchwood Bungalow were safe. One relative told us, "I feel that the service is safe, and the staff are caring."
- Safeguarding processes were in place to ensure people were safe from any form of abuse. A safeguarding log evidenced staff reporting to the local authority as well as CQC any concerns they had. Safeguarding posters were displayed around the home to prompt visitors and staff to report anything they were concerned about.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

Assessing risk, safety monitoring and management

- People continued to have risk assessments in place for the activities they were doing as well as for their health conditions.
- Risk assessments and activity guidelines enabled people to take positive risks. Risks were evaluated to allow maximum control to people by discussing this with them and with the staff supporting them. People were encouraged to take up activities which involved positive risk taking when going shopping, visiting the day centre and using public transport.
- Appropriate fire prevention measures were taken to keep people safe. Staff knew the fire evacuation process and regular drills and tests were done to ensure staff could appropriately respond to any emergency. Other health and safety checks like gas and electrical were carried out by the provider regularly.

Staffing and recruitment

- There were enough staff to meet people`s needs safely. One relative said, "Staff are always around when I visit."
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.

Using medicines safely

- Staff were trained to administered people`s medicines. Staff had their competencies checked and observed by their line manager how they safely administered people`s medicines. Senior staff members and the registered manager regularly checked medicines and where issues were found actions were taken immediately.

### Preventing and controlling infection

- We found all the areas to be clean, fresh and free of malodours.
- Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

### Learning lessons when things go wrong

- The organisation took lessons learnt seriously. The provider had a policy in place which gave managers guidance on how to follow lessons learnt process. Any serious incidents were analysed and communicated to all the services by the provider`s head office. Root cause analysis was carried out and if necessary policies and procedures were altered.
- Learning was cascaded to staff through staff meetings and noticeboards. For example, a comprehensive maintenance checklist introduced by the organisation to ensure that the environment was regularly checked, and issues promptly identified and reported. Another example was that through quality monitoring the provider identified in some of their services that staff conducted some practices not in line with best practice. Operation managers put together a case study day and shared at the registered managers meetings for developing a sense of recognising and stopping bad practice.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained 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 before moving into the service. Care plans were developed for each area people needed support with. Care plans were reflective of people's holistic needs and support was in place where people needed staff's help. For example, care plans detailed people life history, current needs and what people could do independently and where they needed support.
- Care plans were reflective of best practice guidelines when supporting people with a learning disability. We observed staff supporting people to be independent and exercise their rights. There was clear person-centred information and guidance for staff to gain a good understanding of people's emotional and health needs. We saw that because staff knew people well, they knew the things that were important to them.

Staff support: induction, training, skills and experience

- Staff continued to receive training which enabled them to meet people's needs and recognise when their health needs changed.
- Newly employed staff received training in line with the nationally recognised 'Care Certificate'. They worked alongside other experienced colleagues until they were competent in their roles. One newly employed staff member told us, "I had induction training, face to face and e-learning. Staff are nice and made me feel welcome, they showed me everything and it gave me confidence to ask questions."
- Staff received on-going supervision and appraisals for them to feel supported in their roles and to identify any future professional development opportunities.

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

- People were supported to attend appointments with health care professionals to maintain good health, including GP, opticians, chiropodist, community nurses and psychiatrists.
- People had regular reviews of their care and support needs by their social worker and also health professionals involved in their care.
- We found staff able to identify people's changing health needs and they communicated effectively with appropriate health care professionals to ensure people were getting the right support when they needed it.

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

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions.
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest.
- The Registering the Right support national best practice guidance for supporting people with a learning disability and autism was fully adhered to by the provider and staff.
- People were included in their care, their opinion mattered, and they were supported to live life being active part of their community.

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

- People were unable to talk with us about the food and drink they had. However, staff members and the registered manager explained to us how menus were developed, and choices provided by means of pictures and non-verbal communication.
- Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. These were regularly reviewed and referred to dieticians when needed.
- People were offered a variety of hot and cold drinks throughout the day.

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

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other special equipment people needed.
- The environment was undergoing refurbishment, painting and decorating was in progress.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Relatives told us staff were kind and caring. One relative said, "Staff are very caring and nice." A social care professional told us when they visited the home they observed staff, "Talking to them [people] respectfully, being kind and caring."
- During our visit we observed staff were always courteous and kind towards people they supported. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary.
- Staff demonstrated that they knew people's needs and preferences well.

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

- Staff helped people to make as many decisions and choices about their care as possible. They observed people's likes and dislikes and their behaviour to establish what people wanted.
- Where people needed staff involved health and social care professionals in their care so that decisions could be made in people`s best interest
- Relatives told us they attended at least two reviews a year. They found these useful and provided them with an opportunity to talk to people`s changing needs. They also told us staff discussed any changes as they occurred so that they were always up to date with people`s routines and needs.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. They knocked on people`s doors before they entered.
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as pictures and posters on the walls.
- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Care plans were personalised, clearly documenting people`s likes and dislikes. Care plans also detailed people`s health needs as well as social needs and how staff were required to meet those. For example, a person liked to be included in conversation. We observed staff communicating with them and the person was happy pointing to objects and touching staff`s hand to communicate their feelings.
- Care plans were updated regularly by staff and ensured that everyone knew how people liked to be supported.
- People`s care plans were developed with personalised information about how people communicated what their likes, dislikes and preferences were in terms of their routines, hobbies and favourite meals.
- People were supported to develop their activity schedule depending on their interest. In house activities as well as outings were a regular occurrence on people`s activity schedule.
- Relatives told us staff supported people to go to town, day centre, shopping trips, and to visit other local attractions.

### 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.

- Each person had a communication profile in their care plan describing the way they communicated. Staff used a variety of methods people preferred to ensure they could effectively communicate and get people involved in their care. For example, they used pictures, internet, gestures, now and next board, real objects, social stories, key words and sign language to communicate with people.

### Improving care quality in response to complaints or concerns

- The provider`s complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns.
- Relatives told us they were confident to discuss any concerns they had and was no need for them to complain. One relative said, "I would feel comfortable raising any concerns but I hadn't had to do so for a long time."

## End of life care and support

- People's end of life preferences and choices were in the process of being explored. Staff linked with community palliative care teams when needed.

# 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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives told us the service was `very well led`. They told us the registered manager was approachable and always open and ready to listen to them. Staff praised the registered manager and the provider for being supportive and always ready to help.
- Transparency in reporting incidents was well developed in the service. The registered manager had support from different management levels in the organisation. The provider had a monitoring team who checked all the notifiable incidents, accidents reported to them and registered managers were prompted to submit CQC notifications or take any other actions needed.
  - The registered manager was on long term leave and interim management cover was arranged by the provider.
  - The care and support people received was value based. The provider`s values were reflected through staff`s attitude, and people`s care plans. People were empowered to be as involved as possible and lead the care they received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed on a regular basis as part of monitoring the service provided. For example, checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans had been updated and maintenance jobs completed.
- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles.
- Staff knew what was expected of them to ensure good standards of care were always maintained.

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

- People had opportunities to regularly give feedback about their care and support, particularly during meetings with their keyworkers. Staff worked closely with people's relatives too.

- Relatives and staff had their say and contributed to the running of the home through regular meetings and yearly surveys.

#### Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- Local authorities that commissioned the service also inspected it regularly. This ensured everyone could check that people consistently received the support they required and expected.