

Voyage 1 Limited

Hutton Avenue

Inspection report

13 Hutton Avenue
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16 July 2021
02 August 2021
23 August 2021

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24 September 2021

Ratings

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

Overall summary

About the service

Hutton Avenue is a residential care home providing personal and nursing care for up to nine autistic people and/or those living with a learning disability. There were nine people living at the service at the time of this inspection.

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

Since the previous inspection improvements had been made to fire safety arrangements. Evacuation equipment was readily available and staff were confident using this. There were enough staff to meet people's needs. Medicines were managed effectively. Staff followed infection prevention and control guidelines. The premises were well maintained, clean and tidy.

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.

People and relatives had good relationships with staff members. Relatives were happy with the care provided and felt the service was safe. Relatives said staff were welcoming, professional and friendly. Staff knew people's individual needs well and how to support them with specific health needs, or if they became anxious or distressed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were provided with the right support which enabled them to make choices and promoted their independence. People received the right care that was provided in a person-centred way which promoted their dignity. The service provided the right culture for people in an environment where they were included and empowered by care staff.

The service had a manager who was registered with the Care Quality Commission. The registered manager and staff team promoted a positive culture which achieved good outcomes for people. Quality assurance processes were effective in identifying and generating improvements. There was a warm and welcoming atmosphere at the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 6 December 2019) and there was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on our inspection programme.

This report only covers our findings in relation to the Key Questions Safe and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hutton Avenue on our website at www.cqc.org.uk.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Hutton Avenue

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

This inspection was carried out by one inspector.

Service and service type

Hutton Avenue 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with five members of staff including the registered manager, two nurses and two support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff recruitment files. A variety of records relating to the management of the service were reviewed.

After the inspection

As no relatives were at the service on the day we inspected, we contacted them after our visit. We received feedback from three relatives.

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment records and evacuation training and procedures.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our previous inspection, the provider failed to ensure fire safety measures were effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Fire drills happened regularly and were recorded appropriately, there was plenty of evacuation equipment which staff had been trained to use, and staff were clear and confident in what action they should take in the event of a fire.
- Risks to people were assessed and mitigated. Care plans included information about how staff could support people safely without compromising their independence.
- The environment was safe. Regular audits were carried out which included water temperature checks, window safety and general maintenance.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt the service was safe. One relative told us, "I know [family member] is safe and secure at Hutton Avenue. The staff know their needs very well and [family member] loves their friendship."
- People were protected from abuse and harm. Staff had completed appropriate training and knew how to raise any concerns about poor practice.
- The registered manager and staff were clear about when to report incidents and safeguarding concerns to other agencies.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely way.
- Recruitment procedures were safe and thorough.

Using medicines safely

- Medicines were managed safely and effectively.
- People received their medicines as prescribed. Medicine records were clear and completed fully.
- Staff had access to clear guidance on how to manage 'when required' medicines such as pain relief.

Learning lessons when things go wrong

- The registered manager ensured practices were regularly reviewed to see if lessons could be learnt and where further improvements could be made.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

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

- Quality assurance systems were effective in identifying and generating improvements within the service.
- The registered manager and staff understood their roles and responsibilities.
- When an incident occurred, this was investigated thoroughly and lessons were learnt where appropriate.

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

- The registered manager led by example and promoted person-centred care which achieved good outcomes for people. The ethos of the service was to empower people to live their best life.
- Relatives and staff spoke positively about the registered manager's approach. One staff member said, "[Registered manager] is doing a brilliant job. They're really supportive and always put service users first."
- Care plans were person-centred. People were encouraged to take part in activities they liked and to be as independent as possible. People's rooms were individual to their tastes, and people were given choice and appropriate support. Staff were knowledgeable about people's likes and dislikes.

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 was aware of their responsibilities in relation to the duty of candour.
- They were clear of the requirement to notify CQC of all significant incidents and concerns.

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

- The service involved people, relatives and staff in a meaningful way. People and relatives were supported to provide feedback through surveys, which were available in easy read format, and regular meetings. Suggestions were followed up by the service, and changes were made in response to feedback.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.

Working in partnership with others

- Staff worked in partnership with other organisations and health care professionals to improve people's

opportunities and wellbeing.

- Referrals to healthcare professionals were made in an appropriate and timely manner. Records were kept which detailed involvement with other professionals, for example, speech and language therapists, social workers, physiotherapists and epilepsy nurses.