

# Voyage 1 Limited

# Branwell Manor

## Inspection report

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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

Branwell Manor is a residential care home providing personal and nursing care to eight people with physical and learning disabilities at the time of the inspection. The service can support up to eight people.

Branwell Manor consists of one purpose-built property with two floors tailored to support adults with complex needs including autism spectrum conditions, physical and learning disabilities.

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

The service applied the principles and values 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 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.

Staff were trained to recognise and report safeguarding and whistleblowing to ensure people remained safe. People were happy with the care and support provided and felt safe and comfortable in the presence of staff.

People were supported to remain safe. A range of risk assessments were used to manage the risks to people both in the home and in the community. Medicines were managed safely.

Staff received a detailed induction, along with ongoing refresher training to ensure knowledge and skills remained up to date. Supervision and appraisals had also been completed to provide ongoing support.

People received personalised care which met their needs and wishes. People's care and support had been planned in partnership with them. Staff knew people well and supported them in line with their current needs and wishes. They were knowledgeable about people's likes, dislikes and personal preferences.

A robust quality assurance system was in place to monitor the service provided to people and areas for improvement were identified and actioned.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 December 2018) and there were two breaches of regulation. 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 the previous rating.

#### 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 effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Branwell Manor

## 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.

#### Service and service type

Branwell Manor 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 the inspection

We contacted the local authority safeguarding, commissioning and monitoring team and reviewed all the information we had received since the last inspection. We contacted infection control and the fire service. We also contacted Healthwatch to see if they had received any information about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 three people who were able to communicate verbally with us about their experience of living at the service and one relative. We spoke with the registered manager and two senior members of staff. We observed care provided to people who were unable to speak with us.

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

# 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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One said, "I feel safe. I have always felt safe."
- Staff had been trained to safeguard people from abuse and were able to spot the signs of abuse. One said, "My first point of call would be [Manager's name] and then ops manager and up the chain that way. I think they would be on it straight away. I would report it straight away." Staff were confident any concerns would be acted upon.

Assessing risk, safety monitoring and management

- Systems and processes were in place to assess and manage risks to keep people safe. Risk assessments underpinned people's care plans to ensure risks were mitigated.
- Moving and handling care plans were extremely detailed and where people used assistive equipment, photographs and manufacturers information was in their care plans.
- The provider used an external company to undertake electrical, fire, gas and water checks. We saw these were all up to date.
- Personal emergency evacuation plans (PEEP's) were in place to ensure people could be safely evacuated in the event of an emergency. There was a fire folder and grab bag with all the information required to support people outside of the building. A sprinkler system was in place to improve fire safety at the service.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. People living there were offered the opportunity to be involved with recruiting staff and had done so the week before the inspection.
- There were sufficient staff to meet people's needs; people using the service, and staff confirmed this. The rotas allowed for flexibility to support people to appointments and events. Staff support was provided whilst people were in hospital to ensure people's care needs were met by people who knew how best to support them.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. A random check during the inspection showed stocks tallied with their medicine counts.
- Staff had completed training in medicines administration and had their competency assessed by the registered manager or senior staff. Staff were knowledgeable about people's medicines and why they were taking them.

### Preventing and controlling infection

- Effective measures had been taken to help prevent and control infection, including staff training and the ongoing provision of personal protective equipment (PPE).
- There were no dedicated staff to clean the home and staff did this as part of their daily routine. This offered people the opportunity to get involved with cleaning their own rooms and encouraged the development of independent living skills.

### Learning lessons when things go wrong

- There was a system in place to record all accidents and incidents. The service had recently moved to an online reporting system and the registered manager showed us the latest incident on the system which alerts other managers depending on the severity of the incident.
- We received feedback about a negative experience during a hospital stay but this had been used to learn lessons and the next hospital stay had been positive due to the lessons that had been learnt by the hospital and the service.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

At our last inspection the service was in breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because mental capacity assessments were not decision specific or referenced restrictions such as bed rails and lap straps.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11

- Decision specific capacity assessments were in place. In addition, the service had recorded in detail how to support people to make decisions without the need for these to be made for them, in their best interests.
- Where people lacked capacity to consent to living at the home, DoLS applications had been made. There were three authorised DoLS in place, which had no conditions attached and two awaiting authorisation.
- Consent was regularly sought from people before care was provided and where appropriate recorded in people's care plans.

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

- People's physical, mental and social needs were assessed, to ensure their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes
- People were offered choice in line with their preferences and this was recorded in people's care records.

Staff support: induction, training, skills and experience

- People received effective care from staff who received the induction and training they required to meet individual needs.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. The provider had a programme of ongoing training which staff were expected to refresh at set intervals either face to face or online. Some refresher training was out of date. The provider used a colour coded matrix to determine when training was due and we saw, this was monitored and training opportunities were sought from the registered provider to remedy the shortfalls.

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

- People told us they enjoyed the food. One person said, "Yes, really good. You get a choice of meal."
- We observed the tea time meal and people were eating meat with a healthy portion of vegetables. They were all enjoying the meal and staff were sitting at the table eating with them which made the atmosphere very positive.
- People were helped to eat and drink enough. One person was on restricted fluids and staff were vigilant to ensure an accurate record was kept and monitored to ensure their wellbeing.
- Staff assisted people to be involved in planning and preparing their meals.
- People had been consulted about the meals they wanted to have. They were offered a variety and choice of meals that provided them with a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care;

- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by professionals
- The service worked closely with other healthcare professionals, such as psychiatrists, GP's, wheelchair services, community learning disability services and community nurses, to ensure people received the required support to help them stay well.

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

- The property was purpose built and fully accessible for those people with a physical and learning disability. There had been a recent issue with flooding and burst pipes, which meant that some rooms had to be redecorated. People were involved in the choice of decoration of their bedrooms.
- There was a range of assistive equipment in place to support people to be independent and safe.

# 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 the same. 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 spoke favourably about staff who they said were kind and compassionate. One said, "I think it's brilliant the way that [manager's name] and the gang [staff] look after everyone. The staff are ace, as well."
- Staff clearly knew people well and people were happy, comfortable and relaxed in the presence of staff.
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as disability, gender and race.

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

- People's care was tailored to meet their individual needs and preferences. People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink.
- People's opinions were sought throughout the inspection. We saw people asked whether they wanted to go to the shops and what they wanted to have for their lunch.

Respecting and promoting people's privacy, dignity and independence

- Staff were knowledgeable about the importance of maintaining people's privacy and dignity and the ways in which this could be achieved. Comments included, "Talking them through what you are going to do. Knock on doors. Asking them if it's okay if I do this."
- Staff told us they ensured information about people was confidential. One said they did this by, "Making sure if they want to speak about people, do it behind doors. Turn off monitors when you go into bedrooms."
- People were encouraged to be as independent as possible in all aspects of their daily lives. One member of staff said, "Find out what they can do for themselves. Meal prep: involve them as much as we can even if it's just talking about it." The registered manager explained this was their vision, "to see people supported to live independently."

# 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 the same. 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

- People's care plans were well written, clear and provided detailed assessments of people's support needs and how they wanted their support to be provided.
- People told us they had choice and control over how their support was provided and they did not feel restricted. This included what time they wanted to get up, what they wanted to do and what they wanted to eat. One person said, "I was tired yesterday. I didn't want to get up." Their wishes had been respected.

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.

- Information was available to people in different formats. People's communication needs were recorded in their care plans and people used a variety of methods to communicate.
- One person had been provided with an environmental control and communication system which helped them to communicate with people.

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

- People were supported to take part in activities that were important to them and were encouraged to maintain relationships with family and friends. A relative said there were no restriction on when they could visit.
- People were supported to develop and maintain hobbies and interests that mattered to them, both within the service and the wider community. One person was particularly interested in the Brontë's and they were supported with weekly trips to Haworth. They had just returned from a weekend away with staff of Brontë historical interest and told us how much they had enjoyed this.
- One person was interested in accessing work opportunities and was being supported to look for taster opportunities as a volunteer in the first instance.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain.
- No recent formal complaints about the service had been made. There had been an informal complaint about an item of clothing, and the registered manager told us this had been replaced.

#### End of life care and support

- People were supported to think and plan for the end of their life taking into account protected characteristics, culture and spiritual needs. Not everyone had wished to discuss this, so the registered manager was looking at other ways to broach the subject. They had been provided with a workbook from the local hospice which included how to support people and relatives to develop end of life care plans.

# 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.

### Continuous learning and improving care

At our last inspection the provider's quality assurance systems had not always been effective in identifying areas that required improvement. This was a breach of regulation 17 (Good Governance) 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 17.

- Regular checks and audits were completed at the service. Some were completed by staff, others by the registered manager. Actions were taken when required to ensure the service continuously improved.
- The area manager visited every month to complete an audit of the service and developed an action plan for the registered manager to complete. This ensured registered provider oversight of the service.
- The provider's quality team visited service annually to assess the quality of the service provided and where necessary an improvement plan was implemented for the registered manager to follow.

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

- There was a really positive culture at the service and we could see it was well-led by a registered manager who put people at the forefront of service delivery. Staff and people described the registered manager as supportive. One member of staff said, "She is supportive. Her door is always open. She leaves well after her time to leave. She will always stay or give you a ring." A relative said, "Approachable. She will always break off to speak with you."
- The registered manager had clear vision for the service which was shared with the staff team. Staff were enthusiastic about their roles and committed to providing person centred care.
- Staff spoke positively about the service and what it was like to work there. One said, "It is good. The vision is to fulfil these guys [people who use the service] till they leave us, getting the best out of them and them having the best."

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

- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.

- The registered manager understood the duty of candour. They said, "For me it's about making sure everything is looked into. If there is a complaint, it's about saying I have made a mistake and being honest. There is no point trying to cover something up."

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

- The registered manager understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as safeguarding.

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

- People and their relatives spoke positively about their relationship and communication with staff and the approachability of the registered manager.
- The registered manager sought the views of people, their families and professionals by using a questionnaire, but said the response had been low. They were looking at different and more innovative ways to capture this information going forwards including the use of technology.
- Team meetings were held to ensure staff were fully engaged in the running of the service.

Working in partnership with others

- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.
- The registered manager attended local authority provider forums and best practice events They attended the registered provider's management meetings and were kept involved with any new developments.