

Voyage 1 Limited

# Spring Grove Road

## Inspection report

231-233 Spring Grove Road  
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### Ratings

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

# Summary of findings

## Overall summary

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

### About the service

Spring Grove Road is a care home for up to 5 autistic adults and adults with learning disabilities. At the time of our inspection 4 people lived at the service.

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

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

**Right Support:** Staff supported people to have the maximum possible choice and independence. Staff focused on people's strengths and supported people to have fulfilling and meaningful lives. People were supported to pursue interests, goals and aspirations. People's freedom was not unnecessarily restricted, and people were not physically restrained. People lived in a safe, clean, well-equipped and well-maintained environment. Staff supported people to take their medicines safely and as prescribed.

**Right Care:** Staff promoted equality and diversity. They understood people's cultural needs. Staff were kind, caring and polite. They respected people's privacy and dignity. The staff were trained to recognise and report abuse and felt able to speak up when needed. Staff communicated well with people, adapting their approach to meet people's individual needs. People's care was planned, and their needs were met. They took part in a range of meaningful activities and had good relationships with each other, staff and their families.

**Right culture:** There was a positive and person-centred culture. People were comfortable, happy and safe. They knew the staff well. Families felt the service was open and transparent. They told us people received good quality care and support. The staff were well trained, supported and had the information they needed to understand best practice. The registered manager was experienced, qualified and led by example. People had access to advocates. There were effective systems for monitoring and improving the quality of the service.

### Rating at last inspection and update

The last rating for this service was good (published 14 December 2019).

### Why we inspected

We undertook this focussed inspection to assess that the service is applying the principles of right support

right care right culture. At this inspection, we only looked at the key questions, safe, responsive and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) 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?

Good ●

The service was safe.

Details are in our safe 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.

# Spring Grove Road

## 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 Health and Social Care Act 2008.

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

The inspection was conducted by 1 inspector.

#### Service and service type

Spring Grove Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Spring Grove Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we held about the provider, including notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We met all 4 people who lived at the service and 3 members of staff. People could not communicate with words, but we observed how they were being cared for and how they interacted with staff. We spoke with the relatives of all 4 people.

We looked at the care records for 2 people, looked at how medicines were managed and looked at the environment. We also looked at other records used by the provider for managing 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 our last inspection we rated this key question good. The rating for 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

- There were suitable systems for safeguarding people from the risk of the abuse. Staff had training to understand about safeguarding. The staff knew what to do if they thought someone was being abused.
- People's relatives told us they felt people were safely cared for. They knew who to speak with if they had concerns and felt the staff helped to keep people safe.
- The provider had worked with the local authority and others to report and investigate allegations of abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, monitored and planned for. These assessments and plans were regularly reviewed. Staff sought guidance from relevant professionals to make sure care was planned in line with best practice.
- People were supported to take some risks and make choices about their lives. The staff monitored their wellbeing to make sure care and support was being provided well.
- The staff did not use any form of physical restraint. They had training to understand how to safely do this but they had not needed to use physical restraint. There were clear plans to help staff understand how to deescalate situations and enable people to feel safe. The staff had a good understanding of the triggers which might make people agitated or anxious. They understood the strategies to help people to feel calm. Staff monitored and recorded any incidents so they could discuss and analyse what had happened, learn from these and improve care plans to help reduce the risks of further incidents.
- The environment and equipment were safely maintained. Staff carried out checks on safety and problems were rectified. There were procedures to be followed in the event of an emergency and staff understood these.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- There were enough suitable staff to meet people's needs and keep them safe. There were enough staff to provide a range of activities and to drive people to places they wanted and needed to go. The numbers and skills of staff matched the needs of people using the service.
- The provider had created one page profiles for each person to show staff the kind of support they would need. They had also asked staff to create profiles about themselves to show their skills, interests and knowledge. This helped the registered manager match staff to meet people's needs.
- There were procedures for recruiting staff to make sure they were suitable. There was also a thorough induction for new staff which included training, shadowing experienced workers, and tests of their knowledge and competencies.

#### Using medicines safely

- People received their medicines safely and as prescribed. The staff were trained and assessed to make sure they understood how to safely manage medicines.
- Medicines were stored appropriately and staff kept detailed records to show when medicines had been administered.
- We observed staff administering medicines. They did this well, informing people about what they were doing, checking their understanding and wellbeing and recording the administration afterwards.
- People were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles

#### Preventing and controlling infection

- There were appropriate systems to help prevent and control infection. The staff received training in these and understood about good practice.
- The environment was clean and well maintained. Staff undertook regular deep cleaning and carried out infection control audits.
- The provider had updated and reviewed their procedures in line with government guidance and good practice regarding COVID-19.

#### Learning lessons when things go wrong

- There were systems to learn when things went wrong. Staff reported and recorded all accidents, incidents and other adverse events. They discussed these with the registered manager and each other so they could be learnt from.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for 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

- People received personalised care which met their needs and reflected their preferences. The staff had created detailed care plans which gave clear information about each person. The care plans were regularly reviewed and updated.
- The service had been responsive when people's needs changed, working closely with families and healthcare professionals to make sure needs were assessed, monitored and planned for.
- Staff knew people well and were able to adapt their approach to meet individual needs.
- Relatives told us people were well cared for.
- We observed staff attending to people's needs and caring for them in a safe, friendly and personalised way. Staff communicated clearly with people and allowed them to make choices. People were happy, relaxed and looked well cared for.
- Staff supported people to develop goals and aspirations. They focused on how they could provide a good quality of life and monitor outcomes for people. Staff had received training to understand about good practice for people with learning disabilities and autistic people. This was reflected in care planning and the way care was provided.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Not everyone could express their needs through speech. The staff understood about people's individual communication and how to present choices to them. The staff knew people well and adapted their own communication to help make sure people understood them.
- There were individual communication plans which set out how to support people to meet their needs. Staff had worked with other professionals to develop these in line with good practice.
- The staff used visual clues, touch and objects of reference to help communicate with people.
- Staff followed clear, organised routines which people understood. This meant they knew what was happening and felt safe within this structure.

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 a range of different social activities. The staff knew where people liked to go and what they enjoyed doing. They supported people with this and helped them access familiar places in the local community where they felt safe, comfortable and happy. Regular activities included walks and cycling.
- People had good relationships with their families and the staff supported them to stay in touch and to visit their families.

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

- There was a suitable procedure for dealing with complaints. The relatives knew who to speak with if they had any complaints or concerns and felt confident these would be dealt with.
- The staff explained that when concerns had been raised, they had discussed how to improve the service with the registered manager and other staff.

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

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

- The was a positive person-centred culture at the service. Relatives spoke about a friendly atmosphere. They said people had good relationships with each other and the staff.
- The staff knew people well. Many of the staff had worked at the service for a long time. The staff we met spoke about how it felt like a 'family home'. They spoke fondly about the people who they were caring for.
- The staff treated people with kindness and respect. They were polite and offered choices. They knew how to communicate well with people and could anticipate their wishes and needs.
- The staff felt supported and were able to raise concerns with the registered manager.

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 provider understood their responsibilities under the duty of candour. They apologised when things went wrong.
- The staff gave honest information and suitable support, applying the duty of candour where appropriate.

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

- The registered manager was suitably qualified and experienced. They worked alongside staff and were known to people using the service and their relatives. Relatives told us the registered manager was responsive and communicated well with them. The registered manager led by example.
- The provider was a national organisation providing care and support to people with learning disabilities and autistic people. They employed senior managers and teams of experts in different areas of providing this support. This meant they could support staff with best practice through training, policies, procedures and guidance. They followed best practice with positive behavioural support and had values which included empowering the individuals they supported.

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

- The provider engaged well with people's families and representatives. All of the relatives we spoke with felt involved and listened to. They said they had regular contact with the staff and were well informed.
- Not everyone using the service could communicate through speech. The provider found other ways to support them to express their views. The staff knew people well and used a range of different

communication methods to help people express themselves. The staff also liaised with advocates and family members. They monitored people's wellbeing and mood so they could determine whether they were happy with a situation and when they wanted changes.

- The staff told us they were valued. They took part in regular individual and group meetings. They communicated well with each other and felt the registered manager listened to their ideas and contributions.
- Staff knew and understood the provider's vision and values and how to apply these.

#### Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. The staff and registered manager carried out regular audits and checks on the service. This meant they could identify when things went wrong and when improvements were needed.
- The provider's quality teams and senior managers had regular contact with the registered manager. This meant they could help make sure the service was operating in line with their policies and procedures.
- The organisation recruited quality checkers, who were a team of people using services who were trained to undertake quality checks at other services. This meant they received feedback from people about how they experienced care.

#### Working in partnership with others

- The staff worked closely with healthcare professionals, families and advocates to help make sure people's needs were being met. When people's needs changed the staff made timely referrals. We saw they had included guidance from other professionals into care plans and undertook monitoring to help give the professionals good quality information about people's needs.
- The registered manager worked closely with other managers to help enhance their knowledge and skills. They shared ideas and learning with others when things went wrong.