

Voyage 1 Limited

60 Bullpond Lane

Inspection report

Bullpond Lane
Dunstable
Bedfordshire
LU6 3BJ

Tel: 01582472580
Website: www.voyagecare.com

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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: 60 Bullpond Lane is a residential care home that provides personal care to six adults all of whom have a learning disability.

People's experience of using this service:

People showed they were happy living at 60 Bullpond Lane, they felt safe and comfortable with the staff team. Relatives liked the way the staff supported their family members. One relative said, "The service we receive from some of the staff at Bullpond Lane is exceptional. They are extremely attentive towards us, our [family member], and each other. What draws us to the home the most is its 'family-feel' that welcomes everyone. It's a caring and warm place, that we believe our [family member] feels comfortable and safe in."

Staff were kind and caring and knew each person well. They enjoyed working at the home and felt the registered manager gave them good, supportive leadership. There were enough staff to support people in the way they wanted. Staff received training, supervision, guidance and support so that they could do their job well. Staff respected people's privacy and dignity and encouraged independence wherever possible.

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. People were supported to be as active as possible. The registered manager and staff team strove for continuous improvement, worked well with external professionals and ensured that people were part of their local community.

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

The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes, that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence and inclusion. People's support focused on them having as fulfilling and enjoyable a life as they chose to lead.

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

Rating at last inspection: At the last inspection we rated this service Good (report published on 9 March

2016).

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we might 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.

60 Bullpond Lane

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

60 Bullpond Lane 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 we looked at both 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:

We carried out the inspection visit, unannounced, on 29 March 2019.

What we did:

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about. In March 2019 the provider had sent us a completed provider information return (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.

During our inspection we saw how the staff interacted with people who lived at the home. We spoke with two people who lived there and one person's relative. We spoke with four members of staff: three support

workers and the provider's Operations Manager.

We looked at two people's care records as well as other records relating to the management of the home, such as medicine administration records, internal audits and the local authority's contract monitoring audit.

By 3 April 2019, we had received further information from the registered manager. We contacted two people's relatives and we have included some of their comments in the report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Two people told us, and other people showed by their body language and facial expressions, they felt safe at 60 Bullpond Road. One person said, "Safe here, always safe." People's relatives were happy and grateful that staff kept their family members safe. One relative told us they knew this because of, "Positive staff attitudes to all aspects of safety and our [family member's] apparent happiness when they are there."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns.

Assessing risk, safety monitoring and management

- In the PIR the provider told us that the assessment of potential risks to people meant that staff could manage and reduce the risks. They wrote, "Where support guidance indicates a risk is present, a risk consideration is implemented addressing safety and protection whilst minimising any potential restriction."
- A member of staff told us that the registered manager had undertaken risk assessments as soon as they knew about the staff member's medical condition. They were satisfied that the assessments and associated guidance meant everyone was kept safe.
- Staff undertook regular checks of all equipment and systems in the home, such as the fire safety awareness system, to make sure people, staff and visitors to the home would be safe. Staff had completed a personal emergency evacuation plan (PEEP) for each person so that emergency services would know how to support them in the event of a fire.

Staffing and recruitment

- Relatives and staff were satisfied that there were enough staff to support people with their personal care and to do what they wanted to do.
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the home. One member of staff told us they had left for several months. When they returned they had had to undergo the same thorough recruitment process as new staff who had not previously worked at the home.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended.
- Medicine storage was secure and at the correct temperature and staff audited medicines weekly. The registered manager regularly checked staff's competence to give medicines correctly.
- One person was supported to take their own medicines and sign the appropriate record to show that they had taken them.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection. A relative said, "The home always seems clean and the staff display a positive attitude to hygiene."

Learning lessons when things go wrong

- Staff knew that all incidents and accidents had to be recorded and entered onto the computer system for analysis by the provider's quality team. The registered manager told us that the quality team checked these daily and provided any support or advice that the staff needed.
- Discussion about incidents/accidents and complaints formed part of each staff meeting so that staff could reflect on their practice and try to reduce re-occurrence of the same event. The registered manager said they fostered "a culture of openness and problem-solving within the staff team."
- The provider used a weekly communication system to share incidents across all their services so that learning could also be shared.

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

People's outcomes were consistently good, and feedback confirmed this.

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

- People's needs were fully assessed before the registered manager offered them a place at the home. This was to make sure not only that the staff team could meet the person's needs, but also that the person would be as compatible as possible with people already living at the home.
- The registered manager ensured that staff delivered up to date care in line with good practice and that the home had equipment available that would enhance people's care and promote independence.

Staff skills, knowledge and experience

- Staff were satisfied that they had received enough training so that they could do their job well and support people effectively. One member of staff said, "Training explains to us about what to do – it's very helpful. Without it we can't work properly."
- The staff team was working towards the National Autistic Society accreditation. This involved staff undertaking face-to-face autism training as well as a 12-week external course on autism awareness. The registered manager told us, "This level of up-skilling staff has in turn resulted in a positive change to the culture of the home and the introduction of a more enabling approach to care and support."
- Staff felt well-supported by the provider's staff, the registered manager and each other. One member of staff said, "I like working here – definitely, yes. I like the staff as well as our [registered] manager. They are very supportive and we can discuss anything."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people each week to decide what they wanted on the menu. A menu board on the wall had pictures of the meals people could expect that day, but people could choose an alternative if they wanted to.
- Staff knew each person's likes and dislikes and told us these could also be found in each person's support plan. Staff also knew who needed support to eat and this support was provided quietly without any fuss.

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

- Staff worked closely with a number of other services so that people received effective care and support. These included healthcare services as well as day centres, clubs and colleges that people attended.

Supporting people to live healthier lives, access healthcare services and support

- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, community nursing team, dietician, a chiropodist, dentist and optician as well as specialists relevant to the person's condition. A relative said, "[Staff] are always very prompt and alert in dealing with any medical issues."

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

- Each person had their own bedroom. They chose what they wanted in their rooms and how they wanted the room decorated and furnished.
- People also chose what they wanted for the shared areas of the house.

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 knew how the MCA and DoLS applied to their work. One member of staff said, "[The MCA] is about people who can't make decisions for themselves. We give them the chance to make decisions."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives. A relative told us, "[Staff] give [our family member] every opportunity to indicate their preferences."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a warm, friendly atmosphere in the home and staff were kind and caring. A relative described staff as warm, welcoming and calm and told us that staff were "caring, very much so." Another relative completed the provider's recent quality survey. They wrote, "Staff are knowledgeable about [our family member's] needs, committed and conscientious, and always respond with patience and good humour."
- A relative told us how much they appreciated the way staff had supported their family member when they were in hospital. They said, "We would also like to mention how extremely grateful we are to the staff for the amount of support, time, and energy they invested in making sure [our family member] was taken care of during their extended stay at the hospital. Even through some more difficult times, they continued to strive to meet our needs and put a smile on our faces."
- Some people who lived at 60 Bullpond Lane did not use words to communicate. However, we could see that they were happy and had good relationships with the staff. They felt comfortable with the staff and enjoyed their company.
- Staff treated people equally and without discrimination. In the PIR the provider told us that staff had received training in equality and diversity and that this topic was discussed during staff meetings and supervision.
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

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

- People were fully involved in making decisions about their care and support. They met with their keyworker each month to make plans for what they wanted to do and to talk about what they enjoyed.
- Staff knew people well and knew people's likes, dislikes and how they preferred to be supported. One person said, "Staff understand me and know me well, 100%." A relative told us, "Staff understand [our family member's] needs. They seem to be genuinely interested in them as an individual and keen to meet their needs."
- Where appropriate, people had access to advocacy services. An advocate is independent and supports the person to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private.
- Staff encouraged and supported people to do as much as they could for themselves. People helped staff with household chores and meal preparation from time to time. One person told us they cleaned their own bedroom and bathroom and did their own laundry.

- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the home and provided transport for people to visit their relatives' homes. Staff supported people to speak with their relatives over the phone if visits were not possible.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Each person who lived at 60 Bullpond Lane had a fully person-centred support plan, which detailed their preferences about the way they wanted staff to give them care and support. The person and their keyworker reviewed their support plan at least monthly.
- People invited their relatives to annual reviews of their care and support. Support plans showed how each person had been involved in the plan.
- Staff had worked with people and their families to try and find out as much about the person as they could. This included the person's likes, dislikes and how they wanted to spend their days.
- The registered manager gave us several examples of how the support provided by the staff had responded to people's needs. For example, they said, "Following mentoring and positive risk-taking, one person is accessing the community more independently, walking to college, walking to town, having their friends visiting for tea with minimal support from the staff team."
- Staff encouraged people to be as active as possible, both within and outside the home. One person who lived at the home did a lot of the gardening. They had planted a number of pots and tubs and kept the plants watered. They had assisted one of the staff to plant daffodil bulbs, which each person gave to their relatives for Mother's Day.
- Staff supported people to do a range of activities. These included attending college and work placements. One person told us, "It's good here, not boring."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with each person in the way each person understood best. English was not the first language of one person who lived at the home. Staff had learnt some basic words in the person's language to enable them to communicate with the person better.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. In the PIR the provider told us, "Individuals are encouraged to raise concerns and complaints whenever they feel there is a need to do so."
- Relatives told us they had no complaints, but they were confident the registered manager would deal with anything they raised.

End of life care and support

- In the PIR the provider told us that they were working with people and their families to make sure that any end-of-life wishes were included in the person's support plan. One person had discussed funeral plans with their relative and had chosen the music for their funeral.
- The registered manager told us, "The aim of end-of-life support is to ensure that we respect each person we support's preferences and wishes and have care plans or advanced decisions in place, which staff follow."

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were happy living at 60 Bullpond Lane and their relatives were very satisfied with the service provided by the staff.
- A relative told us, "As for the management of Bullpond Lane, we are very happy. [The registered manager] is extremely approachable, which makes us feel more comfortable when talking to her or expressing our concerns. She's understanding and always tries to accommodate our/our [family member's] needs. She's also very caring towards us, our [family member] and her staff, once again reassuring us that Bullpond Lane is a warm, well-managed and welcoming place to be."
- Another relative told us, "The home is well-managed. The [registered] manager is readily available by phone and email and is always aware and responsive."
- Staff enjoyed working at the home and praised the registered manager and their colleagues. One member of staff said, "I'm settled here. We've got a great staff team."
- The registered manager promoted transparency and honesty. She had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- The registered manager demonstrated good leadership and managed the home well, with good support from the provider's operations team. The registered manager was fully aware of her legal responsibilities, including appropriately notifying CQC of any important events.
- Staff felt they received good support from the registered manager. They had regular supervision sessions
- The provider had a robust quality assurance system in place to ensure that staff continued to give high-quality care. Staff and the registered manager carried out weekly and monthly audits which fed into a monthly report sent to head office. They put action plans in place to address any shortfalls.
- The operations manager told us that in a recent internal quality audit the home had scored 92%. They said, "Audits are very good to see what's going wrong and do something about it quickly."

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

- The registered manager encouraged everyone involved with the home to express their views on a day to day basis about the running of the home. An annual questionnaire was sent to people who lived at the home and their relatives. One relative told us that they had requested better communication about their family member's activities. They said, "The [registered] manager quickly instituted a Communications book

which exchanges information between us and them when [our family member] makes their regular visits to our home."

- People were very much part of the local community. For example, people went into town or to local shops and the pub by themselves or with support. People accessed local colleges and clubs and attended local places of worship and GP surgeries.

Continuous learning and improving care

- The registered manager told us the staff team was always trying to make things even better for people. They said, "We are passionate about the people we support and I believe that our commitment to the service and continual improvement is apparent in the positive feedback we receive, the reduced behaviours that challenge and the increased independence and motivation of the people we support."
- The registered manager kept up to date with current research and good practice, which they cascaded to staff to ensure that people were given the best possible care and support.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.