Voyage 1 Limited

Hillbrow

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

About the service
Hillbrow is a residential care home providing care and accommodation for nine people with learning disabilities or mental health needs. Some people living at the service had lived there for a long time and now have dementia care needs. The care home accommodates a maximum of nine people in two adapted buildings. Six people living in one three storey building and three others live in a separate bungalow on the same site.

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 received planned and co-ordinated person-centred support that is appropriate and inclusive for them. People were encouraged and supported to be active within their community and be independent.

People's experience of using this service and what we found
People were happy living at the service. People were supported by staff who were kind and compassionate. Staff understood the importance of providing consistent support for people to enable people to reduce their anxieties and increase their independence.

People continued to be safe living at the service. Risks to people from health conditions and the environment were well managed. Medicines were administered well, and people received their medicines on time and as prescribed. The service was clean, and people were protected from the risk of infection.

When things went wrong staff responded appropriately and took action to reduce the risk of incidents occurring again.

There were enough staff to support people and staff were recruited safely. Staff were appropriately managed and supported and had the skills and training they needed. Staff applied their learning from training to improve people's lives.

People's needs were assessed, and support plans were updated when appropriate. The support people received was personalised and met their needs. They were supported to take part in activities of daily living such as going shopping, making meals and managing laundry. Where appropriate people were involved in the running of the service through assisting with audits and undertaking gardening.

People were encouraged to maintain their health and had access to healthcare services when needed. They were provided with support to eat and drink well and safely where there were risks such as diabetes and difficulties swallowing.

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.

The building was designed and adapted to meet people's needs and promote independence. Adaptations to the environment had been made to ensure that the building remained suitable for people as they grew older as some people had lived there for a long time.

There was an open and transparent culture at the service. Staff were motivated and appropriately managed and supported. Regular checks on the quality of the service were undertaken and action was taken to make improvements where these were identified.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection
The last rating for this service was Good (published 6 January 2017).

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.

Hillbrow

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 team consisted of one inspector.

Service and service type
Hillbrow 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
We gave the service 24 hours' notice of the inspection. This is because we wanted people to have time to prepare for our visit to reduce the risk of people feeling anxious whilst we were there.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with three people who used the service and a relative about their experience of the care provided.

Other people were not able to talk to us about their care, we observed the care provided to other people in the communal areas and interacted with people using signs and gestures.

We spoke with five members of staff including the operations manager, deputy manager and support workers. The registered manager was away from the service during the inspection, we returned on a second day to speak to them. We reviewed a range of records. This included two people's care records and multiple medication records. 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.

Good

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 were protected from the risk of abuse. Staff had completed safeguarding adults training and knew how to identify and raise concerns.
- Staff were confident that the registered manager would deal with any concerns raised appropriately. Where issues had arisen these had been reported and addressed appropriately.
- People were comfortable in the company of staff and had regular contact with the registered manager if they had concerns they wanted to raise.

Assessing risk, safety monitoring and management

- People told us that they felt safe living at the service.
- Risks to people were fully assessed and appropriately managed. People's support plans contained all the information staff needed to support people safely. For example, where people were at risk of seizures there was information for staff on what triggered seizures, what the persons seizures looked like and when to seek medical attention. There was also information on how to support the person after they had a seizure if they remained at home.
- Where people had needs relating to mental health or dementia there was information in place to support people. For example, one person was at risk of hurting themselves. There was information for staff about this and how to mitigate the risk such as when the person needed close supervision. Staff were aware of how to support the person safely.
- Where people had emotional support needs there were plans in place to support them to remain calm. These included information on what might cause a person to become upset and how to support them if they were upset.
- People were protected from risks from the environment. The registered manager regularly completed health and safety audits. Checks such as gas safety checks continued to be carried out. There were personal evacuation plans in place so that staff knew how to support people to evacuate in the event of an emergency such as a fire. Where people needed equipment such as vibrating pillows to alert them to a fire whilst they were asleep these were in place.

Staffing and recruitment

- There continued to be enough staff to support people safely. Staffing was arranged flexibly so that people were provided with one to one support when this was needed. For example, when people wanted to go out. Staff were available to provide support to people when they wanted it.
- Recruitment checks continued to be carried out centrally by the provider to ensure that staff were recruited safely. For example, to make sure disclosure and barring service (DBS) checks had been completed

which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

● People continued to receive their medicine on time and as prescribed. People's support needs for medicines had been assessed. Some people needed full support, however, other people were supported to do somethings for themselves. For example, two people managed some medicines themselves with staff prompting.

● Medicines administration records were complete. Bottles and creams were dated when they were opened. This was because some creams and liquids are not as effective after they have been opened for a certain length of time.

● There was detailed information for staff about people's medicines such as how people liked to take their medicine. For example, staff made sure that one person was calm and in a quiet environment before offering them their medicines. This helped the person feel more comfortable when taking their medicines and reduced the risk of them refusing. Another person's medicines had been changed from pills to liquids to reduce their anxiety about swallowing them.

● Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed. There was a pain management plan in place which included information on how to recognise that people were in pain when they could not express this.

● Medicines were ordered, stored and disposed of safely. Some people had chosen to have their medicines kept in a locked cabinet in their own rooms which promoted privacy.

Preventing and controlling infection

● The service was clean and free from odour. Staff supported people to keep their own home clean and people were protected from the risk of infection.

● Staff had access to appropriate equipment such as gloves and bags to use when clothing or bedding were soiled. We observed that staff were using these and following best practice guidelines.

● Staff had received the appropriate training to learn how to minimise the risk of infection spreading and food hygiene to enable them to assist people to prepare food safely.

Learning lessons when things go wrong

● When things went wrong lessons were learnt.

● Incidents and accidents were analysed, and any trends were monitored. People's support plans had been updated where this was needed, and learning was shared with staff. For example, one person could become upset and there was a risk that they could upset other people living at the service. Staff identified that the person did not always understand that their behaviour upset others. Staff took time to explain any incidents to the person so that they understood the impact it had. This resulted in a reduction in emotional behaviour.

Good

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 the same. 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 had been appropriately assessed. Assessments included what support people needed with areas such as personal care, medicines, mental health, accessing the community, communication, and managing their finances. Assessments of people's needs had been used to plan their support and staffing levels.
- Assessments included making sure that support was planned for people's diversity needs such as their religion, culture and expressing their sexuality. For example, some people liked to go to their local place of worship.
- There was a system in place to receive guidance such as updated advice from the National Institute for Health and Care Excellence (NICE). When guidance was received people's support plans had been reviewed to ensure that they were in line with this guidance. For example, how some medicines were managed had been considered following a release of new guidance.

Staff support: induction, training, skills and experience

- Staff continued to have the skills and training they needed to support people effectively. Training was a mixture of face to face sessions and e-learning. Staff had completed training in areas such as basic life support, equality and diversity, fire safety, fluid and nutrition and safeguarding. Staff had also completed specialist training specific to people's needs in areas such as autism awareness, diabetes and dementia awareness.
- People told us that staff knew how to support them and staff applied the learning they had undertaken to improve people's lives. For example, following the dementia training changes had been made to the environment to make it easier for some people to navigate around the building independently and to reduce anxiety. Staff said, "The training is good, and they ask in staff meetings and supervisions if you want to do more training. We did the dementia training and it gave me a better understanding such as how to navigate conversations without causing confusion [for the person]. It's had a positive impact and reduced people's anxiety."
- Staff continued to be appropriately supervised and supported. Staff received regular supervision and appraisals. The induction staff received continued to prepare staff to undertake the role safely and effectively.

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

- People told us that they were supported to undertake the shopping and cooking where appropriate. Some people planned meals together and took turns at cooking with staff support. There was a picture menu on display and people were able to ask for an alternative if they did not like what was on the menu.

Other people planned and cooked their own meals with staff support. One person said, "I like to go shopping with [another service user] and I do my own cooking" Another person was discussing their dinner plans for the day with staff and planning what time they were going to cook.

● Cold drinks were available for people and some people helped themselves. Other people were encouraged by staff to drink regularly. One person said, "They encourage me to drink more water." People had access to the kitchen and made themselves and other people hot drinks with support when this was needed. People had access to snacks when they wanted them and staff encouraged people to make healthy choices.

● Where people were at risk of choking they had been referred to the speech and language team (SaLT) and staff had access to and followed SaLT's guidance. For example, we observed that staff sat with people to eat and encouraged them to eat slower where this was needed to ensure their safety.

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

● People continued to have access to healthcare services and had attended appointments when needed. For example, people had attended routine health checks to assist them in managing their health conditions. One relative told us staff had helped their relative improve their health which had a positive impact on their physical and mental well-being.

● People were encouraged to live healthier lives and make healthier choices. For example, people were provided with information about their health conditions and staff worked with health care professionals such as a diabetic nurse to encourage people to follow health advice. One person who was diabetic had been supported to lower their average blood sugar meaning they were less at risk from complications from their diabetes. Another person had been supported to lose weight.

● Staff worked with other agencies and shared information where appropriate. For example, staff took people to the dentist and supported them during the visit. There was a dental passport in place which provided the dentist with information on how best to support the person whilst they were at the dentists.

● People had hospital passports in place. These are documents people could take with them when they went to hospital and provided useful information for healthcare staff. Passports included information such as how the person expresses that they are in pain, how they take their medicines and information about how the person engaged with healthcare previously.

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 and found they were.

● Staff had a good understanding of the MCA and were able to demonstrate they knew the principles behind this legislation. Staff said, "We have a few people here with fluctuating capacity. We never assume that people do not have the capacity to make a decision".

● Capacity assessments were undertaken for specific decisions where there these appropriate. Where decisions needed to be made on people's behalf these had been made in people's best interests and

recorded. Where people were deprived of their liberty, applications had been submitted for authorisation.
● Restrictions were minimised and the least restrictive option taken. People had keys to their own room where appropriate and were given support to make day to day choices such as where they wanted to go and what they wanted to wear.

Adapting service, design, decoration to meet people's needs
● The design and decoration of the service met people's needs. For example, changes had been made at the service to make it more dementia friendly as people had grown older. There were picture signs on doors to enable people to identify the bathroom and the toilet seat colour had been changed to a contrasting colour in line with best practice guidance for people with dementia.
● People's rooms were personalised to suit their tastes and needs, and people told us that they were happy with the environment. Some people smoked and there was a covered shelter for them to use. This had seating and a radio in and one person had been supported to add potted plants around the smoking area.
● People had free access to the garden and all areas of the service including the kitchen and had privacy in their own rooms.

Good

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 were happy living at the service. People looked relaxed and comfortable with each other and with staff. People told us that they were well treated. One person said, "I like it here." A relative said, "Staff are very nice and friendly, and I feel welcome when I visit."
- People were treated with kindness and compassion. Staff spoke to people in a friendly but polite and respectful manner and people were happy in staff's company. We heard staff and people talking together and people were happy and laughing.
- Staff were attentive to people and responded to people's requests and questions quickly and in a kind way. For example, one person asked staff the same question several times during the day. Each time staff responded patiently as if it was the first time asked and helped the person to find the information they wanted.
- Staff respected and promoted equality in their day to day work. For example, information about people's religious beliefs or cultural needs was documented in their support plans. People were supported to access religious services or attend events to maintain their beliefs. People were able to express their culture at the service. For example, through sharing cultural based meals with other people.

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

- Staff knew people well and had a good understanding of how people communicated. There was information in people's care plans how people expressed themselves non-verbally. People used signs to communicate and staff understood these signs and were able to communicate back using signs that the person understood.
- People met with their keyworkers on a monthly basis. Keyworkers are staff members who take the lead in coordinating people's care. Keyworkers spent time with people, asked them about their views on their care and supported people to make decisions such as what activities they wished to do.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to increase their independence. People were involved in tasks of day to day living such as washing, cooking, cleaning and shopping. After people ate or drunk staff encouraged them to wash their own crockery and put things away. One person said, "I make people drinks and like to help out with the laundry." And, "I get praise for cooking on my own." Another person told us they liked to maintain the garden and cut the grass and that they were supported to do so.
- Staff at the service were aware of what people could do for themselves and encouraged and supported them to do so. For example, one person assisted staff to undertake the health and safety audit, checking the

building for maintenance issues. Another person was now able to complete some personal care tasks for themselves.

● Dignity was promoted at the service. The service had made adaptions such as changing the colour of the toilet seats to enable people to carry out intimate tasks with less support.

● People's privacy was respected. For example, staff knocked on people's doors before entering. People's records were stored securely.

Good

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

- Support plans were person centred and contained information about how people liked to be supported. Staff knew people well and understood their preferences. For example, staff knew that one person liked to have their breakfast served in a particular way and that this helped to reduce their anxiety. We observed staff following this guidance.
- People were involved in planning their own care and were supported to express their choice and preferences. Keyworkers supported them to have monthly reviews of their needs. Support plans were up to date and amended when people's needs changed.
- People planned their own time in a way that suited them with support from staff. For example, some people liked to have a routine, others benefited from less structured support and planned things closer to the time to help reduce anxiety.

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 had goals which staff assisted them to work towards. For example, one person had been supported to start going out in to the community, initially going there and back by car. They were now able to make the return trip using the bus with staff support. This meant that the person was now able to go to the shops and attend healthcare appointments. Another person enjoyed gardening and staff had supported them to find a voluntary job at a garden centre. Staff said, "Since the new registered manager has come in, the active support has become bigger. We focus more on getting people to do things that they are capable of doing and encouraging people to do activities. There is more focus on encouraging people to go out and try new things and do things they want to do."
- People told us that they led active lives and accessed a wide range of activities of their choice in the community. For example, trips for shopping and lunch, accessing day centres, activities at the sports centre and to the hairdressers and nail bar. People also had regular access to sensory activities. There was a picture board on the wall with photographs of people's activities which people used to let staff know what they wanted to do. One person told us they liked to go out to the local pub with another person at the service. Another person said they regularly went out for tea and cake and for walks. One relative told us, "[My relative] has a new lease of life since moving to the service. They go on outings and out socialising and are enjoying life. They are 100% happier."

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.

● Staff had assessed people's communication needs as part of their initial assessment for the service and documented this in their care plans.

● Information was provided to people in a suitable format. For example, one person had been assessed as needing information presented in picture format and staff used pictures and videos to support the person to understand their choices. Other people needed information verbally and staff provided this support.

Improving care quality in response to complaints or concerns

●There had been no complaints at the service since the last inspection.

●There was a policy in place and people told us they knew how to complain if they needed to. People's keyworkers met with them monthly and asked if they had any concerns or complaints. People were also comfortable approaching the registered manager and deputy manager and spoke to them regularly throughout the day.

End of life care and support

● No one at the service was being supported with end of life care at the time of our inspection.

● Staff had supported people to develop end of life support plans. These included information about how people wanted to be supported at the end of their life and after their death. This included people's preferences for their spiritual, cultural and practical needs. Where people were not able to express their preferences best interest meetings had been planned to support the person with their end of life plans.

● People were supported when they experienced bereavement. For example, people had been supported to attend funerals and undertake acts of remembrance in the way they chose to do so.

Good

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 Good. At this inspection this key question has remained the same. 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

- There was an open and transparent culture at the service. Staff were well informed about the registered managers vision for the service which focused on providing consistent support to people to reduce anxieties and provide positive outcomes for people.
- A registered manager was in post and people knew them well. The registered manager and the deputy manager had the skills and experience they needed to manage the service.
- Staff and people spoke positively about the registered manager. One person said, "The manager is so down to earth." Staff said, "The registered manager is staff and service user orientated and goes above and beyond. If you go to her with a problem or are not having a good day she's really supportive." And, "The registered manager knows everyone really well and everything is really person centred. She's good at pulling out people's strengths."

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

- There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs that results in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- When things went wrong or there were incidents relatives were informed appropriately.

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

- Systems continued to be in place to check the quality of the service and make improvements as appropriate. There were regular audits of support plans, risks assessments, medicines, infection control, maintenance and health and safety. The operations manager undertook a six-monthly audit of the service on behalf of the provider. Where audits identified action needed to be taken it was done. For example, an audit of people's support plans identified that bowel positioning information was not in one person's plan when it needed to be. This was added to the support plan to enable staff to provide effective support to the person.
- Staff competency was assessed to ensure that they had the knowledge and skills they needed to undertake tasks such as administering medicines.
- The registered manager had informed CQC of significant events that happened within the service, as

required by law.

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

● People's keyworkers helped them to identify any issues or concerns that they wanted to feedback about the service. There were regular house meetings for people where they could raise issues. Issues that were raised by people had been addressed. For example, one person wanted a key for their bedroom and this had been addressed.

● There were annual surveys for people, relatives, staff and professionals. Feedback was positive. Staff told us that they were listened to and their views was taken on board. One staff said, "We get to put our idea's forward. Staff meetings take a while as we can talk through things and we can put things on the agenda."

● People had been supported to be part of their community. Staff had supported people to build relationships within the community to improve outcomes for people. For example, one person had been supported to achieve their goal of accessing the shop on their own as the shop staff knew how to support the person when they were there.

Continuous learning and improving care

● Staff at the service had continued to learn and the service had continued to improve since the last inspection. For example, the registered manager had attended training on dementia and had made changes to the environment to ensure that it remained suitable for people as they grew older.

● Staff had undertaken training in Active Support. Active Support is a way of working with people to promote independence and encourage people to take an active part in their own lives. Staff had started to apply these principles which had led to improved outcomes for people. For example, people had been supported to learn to do more for themselves such as personal care tasks.

Working in partnership with others

● The registered manager and staff worked with funding authorities and other health professionals such as a behaviour therapist and occupational therapists to ensure that people received joined up care. For example, the providers behavioural therapist worked with staff to review incidents and accidents and identify areas where the staff could change how they supported people to improve outcomes.

● The service referred people to external healthcare services when this was needed.