

Voyage 1 Limited

Landau Lodge

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:

Landau Lodge is a care home providing personal care for up to 10 people who have a learning disability and/or autism. The service consists of a main building with en-suite bedrooms and four individual bungalows. At the time of our inspection nine people lived at the service.

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:

We received positive views from relatives about the support provided to people.

Care and support was tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care. People were supported with activities and interests to suit them. Staff knew people's likes and dislikes well.

People were supported with their communication needs and staff demonstrated effective skills in communication. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff had received training and support to enable them to carry out their role.

People were supported 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.

People received their medicines safely and on time and their health was well managed. Staff had positive links with health care professionals which promoted people's wellbeing.

Relatives and staff told us the registered manager and management team were approachable. All feedback was used to make continuous improvements to the service. The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks.

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

Rating at last inspection

The last rating for this service was good (published 24 July 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.

Landau Lodge

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

One inspector carried out this inspection.

Service and service type

Landau Lodge 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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider sent us a provider information return prior to the 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, three senior support workers and three support workers. We met

with six people and looked at two of their care records in full. We reviewed a selection of medication administration records and documentation about the management and running of the service. We looked at recruitment information for two members of staff, staff training records, policies and procedures and records of complaints.

After the inspection

We spoke with two relatives of people using the service. We looked at training information.

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; Staffing and recruitment

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary.
- Relatives told us they felt people were safe.
- There were enough staff available to meet people's needs. Staff were flexible to cover shifts and ongoing recruitment was taking place.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence.
- Accidents and incidents were responded to appropriately. These were monitored, and the provider was able to describe how they had considered lessons learnt and implemented changes when necessary. One relative spoke of a clear reduction in the amount of behaviour related incidents for their loved one, since moving to the service.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required.

Preventing and controlling infection

- Staff followed good infection control practices and used gloves and aprons to help prevent the spread of healthcare related infections.
- The environment was clean and well maintained to prevent the risk of infection. The service was in the process of redecorating and people were involved in this process.

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.

Staff support: induction, training, skills and experience

- People's needs were being met by sufficiently trained and supported staff. Staff received regular supervision and annual appraisals that considered staff's skills and knowledge.
- Staff felt supported by the registered manager and told us they could approach them at any time for advice or support.
- A staff induction and training programme was in place. Staff told us they could access additional training and were supported to do this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence based guidance, such as registering the right support and STOMP (Stopping over medication of people with a learning disability, autism or both).
- The service provided a homely environment which met the needs of people. People were involved in making decisions about their environment including decorating their own bedrooms and communal areas. People's bedrooms reflected their personalities.

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

- People were supported to maintain a balanced diet.
- People were protected from risks of poor nutrition and dehydration.

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals. People had an annual health check and accessed regular medication reviews.

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.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

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 treated with kindness; they were actively listened to and their choices respected. One relative told us, "Every time I go, staff always seem pleasant and polite and keen to cooperate."
- Where people were not always able to express their full needs and choices verbally, staff understood their way of communicating.
- People's right to privacy was respected.
- Staff were friendly and demonstrated a passion for providing a good quality service. One staff member told us, "I love working with these people; it is so rewarding when they meet their goals and aspirations."
- Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves.

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed, they sought external professional help to support decision making for people, such as other health professionals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Staff could provide examples of how they promote people's dignity. A relative told us, "Always, no matter when we pop in, [Name of person] looks clean and tidy. They have put weight on whilst in there. They seem happy and content."
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including personal care and house hold tasks. We observed staff actively supporting people to do things for themselves such as making a drink and their own lunch.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

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 needs and information on how best to meet their preferences were identified and reviewed.
- People received personalised care, which met their assessed needs.

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

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- People regularly engaged in local community activities including swimming, football matches, local parks and cafes or restaurants. A relative told us, "[Name of person] does do a nice variety of activities and if it is not working they change it. They have a good choice of things to do. [Name of person] has a good time and a good life at the service."
- People were encouraged and supported to maintain relationships with families and friends.
- Holidays were arranged and planned to meet people's interests and wishes.

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.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.
- Communication plans supported staff to understand people's forms of communication. Staff received training in Makaton to support effective communication with people.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any complaints. The complaints procedure was available within the service.
- Relatives knew how to make complaints. One relative told us, "If I have a small niggle, I mention it to the registered manager and they are on it. They like things to be run properly."

End of life care and support

- At the time of the inspection no one was being supported with end of life care. End of life care plans were in place which provided highly personalised information about people's choices at end of life.

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.

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

- The culture of the service was open, honest and caring.
- People were treated with respect and in a professional manner.
- Regular checks ensured people were safe and happy with the service they received.
- The service was organised and well-run and the registered manager understood their legal responsibilities to ensure regulations were being met. A relative told us, "The registered manager knows what they are talking about. They know their job and about people's behaviour."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in discussions about their care.
- Staff told us the registered manager and management team were approachable. Comments included, "I have trust in the manager" and "The seniors are fantastic, I can't knock them, communication is good, and they listen to us."

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 management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.