

# Voyage 1 Limited

# Byards Keep

## Inspection report

Greylees  
Sleaford  
Lincolnshire  
NG34 8XT

Tel: 01529488931  
Website: [www.voyagecare.com](http://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

Byards Keep provides care and support for younger adults who may be living with a learning disability or autistic spectrum disorder.

The service is registered to support up to eight people, and eight people were using the service when we inspected. This is larger than current best practice guidance. The service was also secluded from the nearby residential area, and next door to another of the provider's services for people with a learning disability. However, the risk of these things having a negative impact on people was mitigated by the design of the building and staff who supported people to access and be a part of their local community.

Staff provided support in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures 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 autism to live meaningful lives that include control, choice, and independence.

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

People were supported to live in a safe environment. Sufficient staff were deployed to meet people's needs. Staff had been trained to identify and respond to any safeguarding concerns. This helped to keep people safe and prevent avoidable harm.

The environment had been adapted to meet people's needs. People had privacy and personal spaces which had been designed and decorated according to their preferences. There were communal spaces and outside areas for people to use and enjoy. Some areas of the service had been marked for renovation.

Although the service was secluded from the nearby residential area, people were supported to take part in activities, to access their wider community and to do the things they enjoyed.

Staff were kind and caring. They treated people with respect and supported them to maintain their dignity. People responded positively to staff and shared friendly and caring relationships with them.

People's needs had been thoroughly assessed and very detailed care plans and risk assessments guided staff on how best to support people. Staff showed a good understanding of people's needs. They had received regular training, supervisions and spot checks of their performance.

Medicines were managed safely; staff had been trained and their competency regularly checked to make sure people received their prescribed medicines. The registered manager had taken proactive steps to stop the overuse of medicines.

Detailed communication assessments guided staff on how best to share information in an accessible way.

Staff supported people to make day to day decisions and be in control of how they spent their time. 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.

People attended regular appointments and annual health reviews. Staff worked with other professionals for advice, guidance and support.

There were systems in place to manage and respond to any complaints about the service. The registered manager completed thorough investigations into any concerns and acted to improve the service. Regular audits helped to monitor the quality and safety of the service and drive improvements.

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

#### Rating at last inspection

At the last inspection service was rated Good (report published 28 November 2016).

#### 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.

# Byards Keep

## **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. This inspection was planned 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

The inspection was carried out by one inspector.

### Service and service type

Byards Keep is a residential '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

We gave five days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

### During the inspection

We spoke with two people who used the service, four people's relatives and received feedback from four health and social care professionals about their experience of the care provided. We spoke with the registered manager, and three members of care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at two people's care records in full and two people's care records in part. This included medication administration records and people's daily notes. We looked at two staff's recruitment, induction, training and supervision records as well as other records relating to the management of 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 the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff had been safely recruited; appropriate checks helped make sure suitable staff were employed.
- Staffing levels varied depending on people's needs; the registered manager made sure enough staff were deployed and used agency staff if necessary.
- People received care and support in a patient and unrushed way. A relative explained, "[Name] always has someone supporting them. From what I can see, there seems to be plenty of staff around."

### Systems and processes to safeguard people from the risk of abuse

- People were supported to maintain their independence whilst minimising risks; staff had been trained to recognise risks and respond to any safeguarding concerns.
- The registered manager worked with the local authority to report, investigate and address any safeguarding issues to help keep people safe.

### Assessing risk, safety monitoring and management

- People received safe support to meet their needs; very detailed risk assessments identified risks to people's safety and guided staff on how to provide support in a safe way.
- Staff understood people's needs and how to reduce risks; they responded to issues or concerns and provided skilled support to help keep people safe.
- Staff had been trained and detailed management plans were in place to help support people who might become anxious or upset and need reassurance or support.
- People lived in a safe environment; ongoing maintenance and regular checks helped make sure the home was safely maintained and risks reduced.

### Using medicines safely

- People were safely supported to take their prescribed medicines; staff had been trained and the registered manager routinely checked to make sure they followed good practice guidance.
- Staff accurately recorded the support provided with people's medicines; detailed guidance was in place to help staff understand when medicines should be administered and to help avoid their overuse.

### Learning lessons when things go wrong

- Management responded to accidents and incidents; for example, medication error forms showed how the registered manager had thoroughly investigated problems and acted to improve the service.

### Preventing and controlling infection

- The home was generally clean and well maintained; staff regularly cleaned people's bedrooms and

communal areas.

- Some areas of the service were scheduled to be renovated; there were minor areas where carpet needed replacing or paintwork was chipped making it harder to clean.
- Staff had been trained in infection prevention and control, and used personal protective equipment to help prevent the spread of healthcare related infections.



# 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 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 received support from staff trained to meet their needs; training had to be regularly completed to help make sure staff kept up-to-date with good practice guidance.
- Supervision meetings and practical assessments were used to monitor staff's performance and make sure they followed good practice guidance when supporting people.
- Staff felt supported and provided positive feedback about the induction and training provided; annual appraisals were used to monitor performance and identify goals and any training needs staff had.

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

- People's needs were thoroughly assessed and person-centred care plans were in place to guide staff on how to safely and effectively support people.
- Professional advice and guidance had been considered when planning how best to meet people's needs.

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

- People were supported to stay healthy; staff supported people if they were unwell to attend medical appointments. A person explained, "The staff help me when I am not very well and they look after me."
- Staff worked closely with other professionals; people attended regular appointments and had annual health 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 when this is in their best interests and legally authorised under the MCA. In care homes, 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.

- People were supported to be involved in decisions about their care wherever possible; detailed mental capacity assessments and best interest decisions showed people's rights were protected.

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

- The environment had been adapted to meet people's needs. A professional explained, "I really feel the staff know the service users well and have made their living environment specific to what the individual likes. There is plenty of room at Byards Keep in communal areas as well as their own space."
- People's bedrooms had been personalised according to their individuals likes and interests; there were communal areas and safe outdoor spaces for people to use and enjoy.

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

- People were supported to eat and drink regularly; staff were patient and unrushed supporting people at mealtimes and regularly prompted people to make sure they had enough to drink.
- People were involved in planning meals and provided positive feedback about the range of food, snacks and drinks available.
- Staff gathered information about people's nutritional needs; detailed assessments included guidance from professionals on how to safely support people to maintain a health and balanced diet.

# 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 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 supported by kind and caring staff. A person explained, "I like it here. I like all the staff they are nice to me." A professional told us, "I find them a very caring staff team."
- People responded very positively to staff; they smiled, laughed and joked with them showing us they shared positive caring relationships with them and valued their company.
- Staff treated people as equals; they chatted openly with people and showed an interest in their day and how they were.
- Staff recognised people's individual and diverse needs; they provided tailored care and support to make sure people were not unduly restricted and to maximise their independence.
- People's personal care needs were met; staff supported people to dress according to their preferences.

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

- People were supported to make decisions; staff routinely offered people choices about what to do, how to spend their time and what to eat and drink.
- Staff understood people's communication needs, detailed communication plans were in place and staff tailored their approach to help make sure people could be involved in decisions.
- Staff ensured people understood what they were doing before providing support, they encouraged people to make decisions and to complete tasks independently.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity; staff supported people in a respectful and kind way and provided discreet support to meet their needs.
- People were encouraged to do things for themselves to promote their independence; the registered manager explained how staff were working to continually involve people in household tasks and the day to day running of the service. People helped prepare meals, made drinks and were involved in cleaning tasks.
- Staff made reasonable adjustments to promote people's independence.

# 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 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 received person-centred care. A professional explained, "The staff are very good at recognising people's needs. They understand everyone has their individual needs, and then try their best to accommodate that. They are very person-centred in this way."
- Staff understood people's needs and what was important to them; care plans contained very detailed information about people's likes, dislikes and preferences.
- Staff recorded important information about the care and support provided to help monitor and make sure people's needs were met

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 understood how best to communicate with people; detailed assessments of people's communication needs were completed.
- People had accessible information where needed; for example, 'easy read' information was used to help make meal choices.

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 do the things they enjoyed. A professional told us, "The individuals that live at Byards Keep have varied activities. [Registered manager's name] and their team are creative and work hard to ensure people are happy."
- People were supported to take part in activities throughout the inspection; people spoke animatedly about the things they enjoyed doing and the places they visited with staff's support.
- Relatives provided generally positive feedback about the range of activities; the registered manager showed us an activities folder introduced to provide ideas of the activities people might like to do.
- Whilst the home was secluded and set apart from the local housing estate, people were supported to attend local events and to access their local community.

Improving care quality in response to complaints or concerns

- People spoke confidently with staff if there was anything they wanted or they were unhappy about their care. A person explained, "I can talk to the staff if I am unhappy."

- The registered manager investigated and responded to complaints to improve the service; a relative explained, "[Registered manager's name] is very approachable if you are worried about something they are fabulous."

#### End of life care and support

- The service supported younger adults and did not routinely provide support with end of life care.
- The provider had an end of life policy and procedure and training was available in end of life care should the need arise.
- The registered manager was in the process of introducing care plans to support staff to explore and record any wishes and views people had regarding care and support at the end of their 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 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

- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed and care planned in a person-centred way. A professional told us, "Management are informative and helpful. [Registered manager's name] has a good understanding of the needs of the people who are in their care. They are kind and compassionate with the service users and have great communication skills."
- The registered manager was committed to continually developing the service; for example, they had created workbooks to develop staff's knowledge and understanding of particular issues, such as safeguarding, the Mental Capacity Act 2005 and infection prevention and control.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager kept up-to-date with good practice guidance; they actively researched important developments and the provider shared regular updates on changes in adult social care.
- Regular audits helped management to monitor the quality and safety of the service and identify where improvements could be made; a person from another service had been involved in audits to help the registered manager understand people's experience of using the service.
- Daily handovers and regular communication helped staff and management share information to plan and coordinate how people's needs would be met.

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 registered manager was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open, honest, and apologise to people if things went wrong.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff shared good relationships with professionals and worked with them collaboratively to implement good practice guidance.
- Team meetings provided an opportunity to share information, discuss people's needs and coordinate the care and support provided.
- Staff felt supported by the registered manager; one member of staff explained, "If there is an issue I can go

and talk to them and they will always try and sort it out."

- Relatives and professionals gave generally positive feedback about communication; a keyworker system was in place to help coordinate people's care and support and develop working relationships with relatives.