

Voyage 1 Limited

Hemlington Hall

Inspection report

Nuneaton Drive
Hemlington
Middlesbrough
North Yorkshire
TS8 9DA

Tel: 01642594751

Website: www.voyagecare.com

Date of inspection visit:
05 December 2016
14 December 2016

Date of publication:
28 February 2017

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

Hemlington Hall is a large detached house set in its own grounds and provides support for up to eight people who have a learning disability. It has en-suite accommodation for six people in the main building. There is further accommodation for two people within a separate annexe. It is located within walking distance to local amenities and local bus routes. There were eight people using the service at the time of inspection.

At the last inspection in February 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked.

There was sufficient staff of duty. On the day of inspection there was one senior and two carers in the main house and three carers supporting people who lived in the annex buildings. Staff were available to provide one to one support and with visits out in the community.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A comprehensive training plan was in place and all staff had completed up to date training. 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 were able to choose meals of their choice and staff supported people to maintain their health and attend routine health care appointments.

Care plans detailed people's needs, wishes and preferences and were person-centred. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People were actively involved in care planning and decision making and this was evident in signed care plans and consent forms. People who used the service had access to a wide range of activities and leisure opportunities. The service had a clear process for handling complaints which the registered manager had followed.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager and registered provider, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met. Feedback was sought from people who used the service through regular 'resident meetings'. This information was analysed and action plans produced when needed.

Further information is in the detailed findings below:

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Hemlington Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 5 December 2016 and was unannounced. A second day of inspection took place on 14 December 2016 and this was announced.

The inspection was carried out by one adult social care inspector. An expert by experience attended on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. Their area of expertise was in supporting people with a learning disability.

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider. We spoke with the responsible commissioning officer from the local authority commissioning team about the service. We also contacted the safeguarding team at the local authority to gain their views.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included three people's care records including care planning documentation and medicines records. We also looked at three staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with five members of staff which included the operations manager, deputy manager and three care assistants. We spoke with two people who used the service and spent time observing staff interactions with people throughout the inspection.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I am really spoilt. I get looked after all the time so I do not worry and that pleases my mum too. She knows I am safe." Another person said, "I am so happy this is my home."

All staff spoken with had a good knowledge and understanding of safeguarding and the different types of abuse. Staff had completed training in safeguarding and certificates were available on staff files to evidence this. Information on safeguarding was displayed in the service, in easy to read format, to help people understand. Safeguarding referrals had been made to the local authority when required.

Risks to people were managed to protect people who used the service from the risk of harm. Risk assessments were in place, for areas including personal care, community outings, medication, finances, falls and mobility. These had been completed in a person-centred way for each individual. Risk assessments were in place for the day to day running of the service and regular checks were made by staff in areas such as water temperatures, emergency lighting and fire alarms. Required testing certificates were also in place.

Systems were in place for the safe management of medicines. Medicines were stored securely and staff had completed relevant training and had their competencies checked on a regular basis. Medication administration records (MARs) that we looked at during the inspection had been completed accurately and contained no missing signatures. Medicines that were prescribed 'as and when required (PRN)' had been administered accordingly and fully recorded.

During the inspection we could see there were enough staff on duty to support people. There was a total of two care assistants and one senior on duty in the main building and a further three staff supporting people in the separate annex. Staff were available to respond, in a timely manner, to people's needs and requests. One staff member told us, "I think there is enough staff. We always have time to spend with people and nothing is ever rushed."

We looked at the recruitment records for three staff. We could see that the registered provider had a safe recruitment process in place and this had been followed. All necessary checks were made before employment commenced. This included a disclosure and barring service check (DBS) and two checked references. The disclosure and barring service carry out a criminal record check on individuals who intend to work with vulnerable adults. This helps the employer make safer recruitment decisions.

Is the service effective?

Our findings

People told us they thought staff were suitably trained. One person said, "I like them. They know what they are doing." Staff we spoke with told us they had enough training to enable them to support people and meet their needs. One staff member said, "We have lots of training. I am really confident in my role and I know I could ask for extra training if I wasn't sure of anything. The manager is really good like that."

Staff we spoke with told us they were supported in their roles. One staff member told us, "[Registered manager] is inspirational, motivational and has shown everyone that they can achieve their own personal goals. So supportive." We looked at records which demonstrated staff received regular supervisions and an appraisal every 12 months. Supervisions provided staff with the opportunity to discuss any concerns or training needs. We could see that when training needs had been identified, prompt action had been taken to address this.

Training records we looked at confirmed that all staff had received training relevant to their roles. Mandatory training included fire safety, first aid, infection control, medication, manual handling, nutrition and safeguarding. Specialist training had also been completed in areas including autism, diabetes, epilepsy, Management of actual or potential aggression (MAPA), pressure ulcer prevention and risk assessment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, MCA and best interest decisions were visible in care records. The registered manager kept a tracker of all DoLS authorisation so these could be renewed in a timely manner.

People were actively prompted by staff to making their own decisions and choice was given. For example, one person said they wanted a strange combination of food for lunch and this was discussed with a staff member. There was a discussion about the merits of combining the two ingredients and the person was reminded by staff that, "If you remember you didn't like it last time and we had to make eggs and bacon instead. Are you sure you want that?" This prompted the person to re-think the idea of the meal combination whilst still making their own decision about the meal options available. During the inspection we saw that people were able to eat at flexible meal times and were encouraged to participate in the preparation of meals. We saw people preparing meals independently with the supervision of staff.

Visits from professionals were recorded in care records and detailed outcomes of these visits. We could see that staff made appropriate referrals to professionals, such as dieticians, when needed.

The service was clean and tidy throughout and had a homely feel. Pictures were displayed around the service of people and their relatives and bedrooms had been decorated according to people's preferences. There was a large communal lounge which was enjoyed by all the people who used the service. Staff told us that people often spent time in the lounge on an evening, where they would all watch TV.

Is the service caring?

Our findings

People told us staff were caring and they were treated with dignity and respect. One person said, "I like the staff and I like living here. I am happy it is my home." Staff told us that relatives would often visit the service and that this was encouraged by staff. One staff member said, "We are all like a big family. Most of us have worked here years. It has a real family feel to it."

Observations throughout the inspection showed staff were caring and respected people's privacy. On the morning of the inspection we were shown around the building. One person was still in bed as they had chosen to have a lie in. The staff member knocked on the door before opening and waited for permission from the person to enter. Another example of the caring approach of staff was when they were assisting a person to create a shopping list. The person was asked what brand of tooth paste and soap they would like and the person was able to choose their preference.

It was clear staff knew people's care needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes, family support and the best way to approach a person, including communication methods. It was clear, from the interactions between staff and people who used the service, that positive relationships had been built.

Staff understood the importance of people being able to make their own choices and decisions and staff supported people to be as independent as possible. One person had been supported by staff to ensure they were familiar with a walking route to relatives who lived nearby. Staff members had accompanied the person several times to ensure they were confident with the route. Risk assessments had been completed and once the person was able to make the journey independently, safety measures were put in place, such as a mobile phone for the person to contact staff at the home when they arrived at their relative's house safely.

Information on advocacy was available for anyone who required this and was displayed around the service.

Is the service responsive?

Our findings

We found people had their needs assessed before they moved to the service. The deputy manager told us, "We do pre-admission assessments before people move here so we can make sure it is a suitable place for them and that we can meet their care needs." We saw evidence of completed pre-admission assessments on people's care records.

We looked at three care records and could see that people had care plans in place to meet their individual needs. These were reviewed on a regular basis and updated as and when changes occurred. Care plans detailed people's preference, for example the times a person liked to rise on a morning and what music people liked to listen to whilst getting ready on a morning.

We could see that relatives, when appropriate, had been involved in the planning of people's care and this was documented in care records. Staff told us they kept relatives informed via telephone whenever anything happened. People were encouraged to maintain relationships with relatives and friends.

People were supported to access activities in the community which included visits to day centres, local sports facilities and drama classes. On the day of inspection we saw people were coming and going throughout the day with support from staff. Other activities included bowling, shopping trips, visits to local pubs and pantomimes. Some people who used the service visited relatives and stayed overnight. People were supported to ensure they had everything they would need for the overnight visits, including prescribed medication and any coping strategies. A coping strategy is a plan that is put in place to help a person when they may become anxious.

The registered provider had a complaints policy in place. Information was displayed around the service, in easy read and picture format, so that people could understand what they should do if they wanted to make a complaint. People confirmed they knew how to make a complaint. One person we spoke with told us, "I would just speak to the staff on duty and tell them." There had been four complaints in the last 12 months. These had been responded to appropriately and in line with the registered provider's policy.

Is the service well-led?

Our findings

People who used the service spoke positively about the registered manager and told us they were "a nice person" who "looked after them." Staff we spoke with told us the service was well-led and they were actively involved in decisions and implementing improvements.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All staff spoke highly of the registered manager and the improvements that have been made since they joined the service. One staff member told us, "[Registered manager] has shown us the right way to do things and now we have everything in place it means we are organised and have more time to spend with people." Another staff member told us, "[Registered manager] is brilliant. We couldn't ask for better really. If anything needs doing they are on to it straight away and everything is focused on the people, and that's how it should be."

The registered manager carried out a number of quality assurance checks, in areas including medication, care planning, health and safety and staff files, to monitor and improve the standards of the service. Action plans were produced when required and these were reviewed by the registered provider's senior management team after three months to ensure all actions had been completed. The senior management team also completed their own quality audits every three months in areas such as staff recruitment, care planning and finances.

Staff told us they felt supported by the registered manager. Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service and to provide feedback on recent inspections or compliance visits. Weekly 'residents meetings' had also taken place. These were used to discuss menu choices, activities, to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for. The registered provider was keen to act on any feedback provided at the end of the inspection.