

# Voyage 1 Limited

# Bewick House

## 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	

## Overall summary

We inspected Bewick House on 25 November 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Bewick House provides care and support for six people who have a learning disability and/or mental health problems. The home does not provide nursing care. It is a large detached house situated on a housing estate in Darlington and is close to large supermarket and other amenities.

The home had a registered manager in place and they have been in post since the home opened. 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.

The majority of the people living at the home required staff to provide support to assist, to develop impulse control, and to manage their behaviour and reactions to their emotional experiences. The structured environment staff provided was similar to that offered in mental health

# Summary of findings

nursing services but people's level of need could be managed within a residential setting. We found that the manager had taken appropriate steps if people's needs changed and staff struggled to meet their needs.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. People told us that the staff worked with them to see how to reduce risks when going out and about. We saw there were systems and processes in place to protect people from the risk of harm.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. Those people who were able to were encouraged and supported to go out independently and others routinely went out with staff.

Staff had received a range of training, which covered mandatory courses such as fire safety as well as condition specific training such as mental health disorders. Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and clearly understood the requirements of the Act which meant they were working within the law to support people who may lack capacity to make their own decisions. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that four to five staff routinely provided support to people.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We observed that staff had developed very positive relationships with the people who used the service. We saw that the staff were able to discreetly keep people focused on the present, reduce the impact of the difficulties people experience with impulse control and anger management. There were interactions between people and staff that were jovial and supportive. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

We saw that people living at Bewick House were supported to maintain good health and access a range of healthcare professionals and services. We found that staff worked well with people's healthcare professional such as consultants and community nurses. People were encouraged to have regular health checks and staff accompanied people to their hospital appointments.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. The people we spoke with discussed their support plans and how they had worked with staff to create them.

People told us how staff encouraged them to develop their daily living skills and supported them with their courses, hobbies and leisure interests inside and outside of the home. During the visit we saw staff join people doing creative work and identify activities people would enjoy doing.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

# Summary of findings

The provider had developed a range of systems to monitor and improve the quality of the service provided.

We saw that the manager had implemented these and used them to critically review the service. This had led to the systems being extremely effective and the service being well-led.

# Summary of findings

## 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 was safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines. Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food, which they choose a weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Good



### Is the service caring?

This service was caring.

People told us that staff were extremely supportive and had their best interests at heart. We saw that the staff were very caring and people were enabled to live ordinary lives. The staff were empathic and effectively supported people to deal with all aspects of their daily lives.

Throughout the visit, staff were constantly engaging people in conversations and these were tailored to individual's preferences.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care. The staff were knowledgeable about people's support needs.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. These plans were tailored to met each individual requirements and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities

Good



# Summary of findings

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

## Is the service well-led?

The service was well led.

The service was well-led and the manager was extremely effective at ensuring staff delivered services, which were of a high standard. We found that the manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found their manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Good



# Bewick House

## 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.

An adult social care inspector completed this unannounced inspection of Bewick House on 25 November 2014.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We asked the manager to supply a range of information, which we reviewed after the visit.

During the inspection we spoke with the six people who used the service. We also spoke with the registered manager, a senior support worker and three support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at three people's care records, three recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

# Is the service safe?

## Our findings

We asked people who used the service what they thought about the home and staff. People told us that they were extremely pleased to be living at the home and this was because staff kept them safe and were very caring.

People said, “They are wonderful here and I’m really pleased. The staff are so good and know how to make sure I’m alright”. And, “We all get on very well, like one big happy family.”

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case. Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed e-learning safeguarding training this year and dates were identified for when the refresher training needed completing in 2015. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed in October 2014.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people’s health and safety was protected. We saw documentation and certificates to show that relevant

checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed three people’s care records and saw that staff had assessed risks to each person’s safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as health, going out and the potential for exploitation. This ensured staff had all the guidance they needed to help people to remain safe. Staff we spoke with told us how they ensured the plans had been developed to so that they identified risks in a safe and consistent manner. Staff discussed the risk assessments with us and outlined how and why measures were in place. For instance, we heard how staff assessed people’s road safety awareness and if this was limited put measures in place to ensure they were kept safe when out and about in the community.

The three staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The registered manager and one person who used the service told us that the interview panel consisted of the manager, a staff member and person who used the service. We were also told that the rest of the people who used the service met potential new recruits prior to the interview and were all a part of the vetting process. The registered manager said that people who used the service who interviewed staff had been involved in developing the questions to ask during the interview.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case and four to five staff were on duty during the day and two staff on duty overnight.

People we spoke with said, “The staff are great and always willing to give you a hand.” And, “the staff are always able to take me out and about, even to the Slimming World classes I go to.”

## Is the service safe?

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. We did note that one controlled medicine had accumulated more than a months worth of stock so suggested that staff allow this to run down before new stock was requested. The manager agreed to do this and made us aware that at times it was supplied without them specifically requesting this repeat medicine.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We spoke with people about their medicines and said that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way. Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.



# Is the service effective?

## Our findings

We spoke with people who used the service who told us they had confidence in the staff's abilities to provide good care and believed that the staff had assisted them to make very positive changes to their lives. One person said, "The staff are wonderful and have really helped me a lot. This is the first time I have ever felt able to come to reviews and make plans about how I need to be supported. I think I could join in this time because staff always show me what I am doing well."

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had acquired brain injuries and personality disorders. Staff told us their training was up to date. We found that most of the staff had worked at Bewick House for over a year but saw that staff had completed an induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

From our discussions we found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and use of physical interventions. We viewed the staff training records and all of the staff were up to date with their training.

Staff we spoke with during the inspection told us the manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they and the senior staff carried out supervision with all staff on a monthly basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision had taken place.

The manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They had ensured, that where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS. Staff that we spoke with understood the principles of the MCA and 'best interest' decisions and ensured these were used where needed. Staff were aware of who had been identified as being appointed lasting power of care and welfare and/or finance for people.

Staff and the people we spoke with told us that they tended to plan the menus a week ahead and each person decided what they would like to have to eat but could change this if they wanted. We heard that some people would make snacks but on the whole staff cooked the meals. We observed that each person had different meals and each looked very appetising and was plentiful. One person told us they had joined Slimming World and staff assisted them to make these meals. We heard that people would go shopping with the staff to the local supermarket. We observed the lunch time of people who used the service.

The meals time we observed was a very relaxed affair and people told us they enjoyed the food that was provided. Five of the people who used the service sat down for the meal and casually chatted with each other and staff. We heard all about the way staff worked with them and how the service operated.

From our review of the care records we saw that nutritional screening had been completed for people who used the service, which was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that in general people were all within healthy ranges for their weight, no one was malnourished and if people were overweight staff supported them to taken action to ensure this was not adversely affecting their health.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by

## Is the service effective?

their treating team and when concerns arose staff made contact with relevant healthcare professionals. For instance one person had a number of accidents and in response staff had persistently informed the GP who had referred them to secondary healthcare services. We saw that people had been supported to make decisions about the health

checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed. People said, “The staff make sure I’m alright.” And, “I see the doctor with them.”

# Is the service caring?

## Our findings

All the people we spoke with said they were extremely happy with the care and support provided at the home. They told us staff would discuss decisions they wanted to make and go through what the potential consequences these might have, which they found extremely helpful. People told us they at times had problems thinking things through and needed the staff to guide them. They told us they appreciated the way staff did this and thought staff were very tactful.

People said, “It’s excellent here and the staff are wonderful.” And, “I am so pleased to come here as I have never felt more supported or more confident before.” And “I really like the staff, they always help me out.”

During the time of the inspection we met and spoke with all six people who used the service. People told us that they were involved in making the decision to use the service and who worked at the home. Prior to people coming to stay, they were given the option to come for visits to help make an informed decision about whether they wanted to move in. Staff told us that they had assisted people to develop more control over their emotional lives and hoped to offer this type of support to others but recognised when this was not achievable.

We heard that one person had recently tried the service but found it did not meet their needs. The manager discussed how they had worked with this person and reviewed the service to ensure they did everything they could to make it a supportive environment. When the person moved on staff completed an evaluation of the service and assessment processes to ensure these were effective. Subsequently a new person has moved into the home and they told us they found the service was ideal for them and could not praise the staff enough.

We reviewed the care records of three people and found that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed, which we found from our discussions with staff and individuals met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans. We saw that interactive care planning sessions took place, which allowed the person to use flip charts, life maps and pictorial

representation to explore their lives, aspirations and needs. The people who used the service told us this was a very effective way to explore their feelings and wishes in a safe environment.

During the inspection we joined people eating their meal and spent time with people sitting in the communal lounge area and dining room. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. We saw that when people became anxious staff intervened in very supportive ways and both distracted individuals; discussed other subjects and assisted people to retreat to quieter areas of the home. The techniques the staff used effectively reassured people and we found staff sensitively deployed these measures, which reduced it becoming evident to others that someone was becoming upset.

The manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

We saw that staff knocked on people’s bedroom doors and waited to be invited in before opening the door. They then sought people’s permission before entering the room. People told us that staff always respected their privacy and didn’t disturb them if they didn’t want to be.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff appeared caring. We saw that staff gave explanations in a way that people easily understood. This demonstrated that people were treated with dignity and respect.

The manager and staff discussed how they worked with people to support people to become as independent possible and to develop controls over their emotional wellbeing. We heard how staff formed structures and boundaries for people that enable them to lead independent lives but remain safe and consider the consequences of their actions.

## Is the service caring?

The environment was well-designed and supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised. Three people were keen to show me their newly decorated bedroom and matching bedding, which we found were luxurious. People told us how they had chosen the colour schemes and décor themselves.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this

encompassed all of the care for a person. The majority of the people who used the service needed no support when attending to their personal care. We discussed the personal care that was provided and found the staff were adept at supporting people with personal hygiene in a discreet manner. We found the staff team was committed to delivering a service that had compassion and respect for people.

# Is the service responsive?

## Our findings

The people who used the service needed support to manage their emotional responses to everyday activities and stressors. People told us that staff were excellent at providing this type of support and were extremely responsive to their needs. People felt staff knew exactly how to support them and intervened at the just right moment. They felt staff provided them with the opportunity to be as independent as possible whilst also making sure they did not make impulsive decisions that they would regret later on. People also told us that they were involved in a wide range of activities both inside and outside the home.

People said, “I go out all of the time and have a great time.” And, “We have plenty to do. We make collages to decorate the home and I made a full wall-size beach scene” People told us that they went to see bands and to the theatre as well as shopping.

We found that as people’s needs changed their assessments were updated as were the support plans and risk assessments. We saw that risk assessments had also been completed for a number of areas including health, falls and going out. The risk assessments provided information on actions staff and the person could take to reduce or prevent the highlighted risk from occurring.

During the inspection we spoke with staff who were extremely knowledgeable about the care and support that

people received. Staff and people who used the service spoke of person centred care. The people we spoke with told us they found that the staff made sure the home worked to meet their individual needs and assisted them to reach their goals.

The people who used the service that we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We saw that the complaints procedure was written in both plain English and easy read versions. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. People told us that they had never felt the need to complain. We saw that there had not been any complaints made in the last 12 months.

The manager discussed with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. We found that the manager had a thorough understanding of the providers complaints procedure.

People said, “I love it here and have never been unhappy with the staff.” And, “I have never had any complaints but know staff would sort them out if I did”. And “It is lovely here.”

# Is the service well-led?

## Our findings

People who used the service we spoke with during the inspection spoke very highly of the service, the staff and the manager. They told us that they thought the home was well run and completely met their needs. They found that staff recognised any changes to their needs and took action straight away to look at what could be done differently. We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the care delivered was completely person centred. We found that the manager was the integral force ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and been able to support people with very complex needs lead ordinary lives.

People said, “You could not ask for better staff.” And “The manager is brilliant, she cares so much about us”. And “We are like one family all helping each other”. Staff told us, “I love working here, as it is all about giving people the best and most fulfilling lives”. And “We as a team can take pride in how we have supported people to make such positive changes in their lives.”

The staff member we spoke with described how the manager and senior staff constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. Staff told us that the manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they

worked well together. We found the manager to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

The home had a clear management structure in place led by an effective manager who understood the aims of the service. Although they had managed the service since it opened, they were not complacent and continued to strive to improve support they offered. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided at Bewick House. The manager had a detailed knowledge of people’s needs and explained how they continually aimed to provide people with good quality care.

We found that the manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had very comprehensive systems in place for monitoring the service, which the manager fully implemented. They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely identified areas they could improve. They then produced very detailed action plans, which the senior managers checked to see had been implemented. Also the provider had external reviews completed on a bi-annual basis, which complemented the manager and senior manager’s reviews. This combined to ensure strong governance arrangements were in place and an exceptional service was delivered.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the service.