

Voyage 1 Limited

Hurstville Drive

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

Hurstville Drive is a residential care home providing personal care to 3 people living with learning and physical disabilities.

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 and what we found

There were enough staff available to support people. The environment was clean, and people had access to appropriate equipment where needed. Risks to people and the environment were managed safely. Staff knowledge of the people they supported was good and they were able to tell us about the risks associated with their care and how to minimise these. Medicines were administered safely as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People's needs were met in an individual and personalised way by staff who were kind, caring and responsive to their changing needs. We observed staff respecting people's privacy and protecting their dignity. People and their families were involved in the development of personalised care plans that were reviewed regularly. People were offered and took part in a range of activities.

The provider had effective systems and processes to monitor quality within the home. The registered manager understood their regulatory responsibilities.

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

Rating at last inspection

The last rating for this service was good (published 29 June 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.

Hurstville Drive

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hurstville Drive 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 Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of abuse.

The provider was not asked to complete a provider information return prior to this 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

It was not always possible to establish people's views due to the nature of their communication needs. To help us understand the experience of people who could not talk with us, we spent time observing interactions between staff and people who lived in the home. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervisions. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a further member of staff. We also requested feedback from a relative but did not receive a response.

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

- Appropriate systems were in place to protect people from the risk of abuse and people told us they felt safe.
- Staff had received training and had the knowledge and confidence to identify safeguarding concerns. Staff were aware of types and signs of possible abuse. Staff were confident to escalate the concerns to senior management and to the local authority if they felt this was needed.
- The registered manager was aware of their responsibilities under safeguarding procedures.
- Where concerns of a potential safeguarding nature were identified, these had been investigated and reported to the appropriate external bodies.

Assessing risk, safety monitoring and management

- Staff had detailed knowledge of the people they supported. They were aware of risks associated with their care, how to monitor these and the action to take to reduce these risks.
- Records reflected that risks for people were assessed and plans developed to mitigate these. This included risks associated with moving and handling, nutrition and hydration, behaviours that could challenge as well as specific health conditions such as epilepsy.
- Where required, support for specialist support was sourced and advice followed by staff.
- Equipment was managed in a way that supported people to stay safe. Regular maintenance checks of equipment were carried out.

Staffing and recruitment

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- There were enough staff to support people safely and to ensure people's needs could be met.
- During our inspection we saw that staff were responsive to people and had time to spend with people meeting their social and emotional needs.

Using medicines safely

- Medicines were stored securely in people's rooms and when they needed support to take these, this was provided by staff who had received training and their competence to administer these had been assessed.
- Appropriate arrangements were in place for obtaining, administering, recording and disposing of medicines safely and in accordance with best practice guidance.
- People's medication records confirmed they received their medicines as prescribed.
- There was information about 'as required' medicines and when these should be offered to people.

Preventing and controlling infection

- Staff received infection control training.
- Staff had access to and used appropriate personal protective equipment.
- The house we visited was clean, tidy and free from bad odours.

Learning lessons when things go wrong

- Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from. The management team kept an overview of accidents and incidents.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- No one new had moved into the service for a number of years but the registered manager assured us that prior to anyone moving in a comprehensive assessment of their physical, emotional and social needs would be conducted. This would assure the registered manager that the service could meet the person's needs.
- Reviews of needs assessments were carried out on an annual basis, or sooner if required.
- National guidance was followed. The provider had signed up to the STOMP pledge. STOMP is a national NHS England campaign which is aimed at stopping over medication of people with learning disabilities, autism or both. We found people were not prescribed medicines that could unnecessarily sedate or restrain them.
- Some people had been assessed as sometimes exhibiting behaviours that may challenge. A nationally recognised training programme was provided to staff which taught skills for assessing, managing, and responding to risk behaviour and focused on verbal de-escalation, prevention, and early intervention.

Staff support: induction, training, skills and experience

- New staff employed by the service had undergone an induction which was based on the standards set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff received training to enable them to have the skills and knowledge to support people effectively. This included a variety of subjects such as; basic life support, safeguarding, moving and handling and medicines administration. In addition, staff also completed more specialised training to support their understanding of autism, rescue medicines, management of behaviours and health conditions the people they supported were living with.
- Staff told us they found the training helpful in their role and were able to talk to us about what they had learned from this. Staff were encouraged and supported to undertake vocational qualifications.
- All staff were supported through regular supervisions and appraisals

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

- People were protected from risks of poor nutrition, dehydration and swallowing problems. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- Staff were aware of people's dietary needs and preferences; Staff monitored people's nutritional status and we saw they worked closely with other expert health professionals where this was required, including dietitians and speech and language therapists.
- Staff had access to the information they needed and were aware of people's individual needs.

- People were able to eat and drink what they wanted.

Staff working with other agencies to provide consistent, effective, timely care

- Handovers between staff took place to ensure they were kept up to date about everyone's needs. Staff confirmed they worked well as a team and felt communication between them was effective.
- Systems and records were in place to ensure information about people's needs was shared if they were transferred between services.

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

- Hurstville Drive was not purpose built however, work had been undertaken to make it accessible for people and to meet the needs of people living there.
- Where ceiling hoists were required to support people's, mobility needs these had been installed.
- Doorways and corridors were wide enough for specialist wheelchairs and flooring reduced the risk of trips.
- Due to a recent change in one person's health conditions, options to ensure they could continue to access a bath were being explored with the involvement of health professionals.

Supporting people to live healthier lives, access healthcare services and support

- Records confirmed that people were supported to access other health care professionals and this was supported by staff when needed. This included accessing GP's, dentists and other specialist services such as physiotherapy and learning disability teams.
- Advice given was incorporated into care plans and followed by staff. For example, where speech and language therapists had recommended a particular consistency of diet, care plans had been amended and shared with all staff,

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.
- People's care plans gave guidance to staff about how people made decisions and the support they should provide.
- Staff had a good understanding of the need to ensure they sought people's consent. They worked on the basis that people had the capacity to make their own decisions unless there were clear indications to demonstrate people were not able to.
- Where people did not have capacity to make a specific decision, assessments of this were recorded and it

was evident best interests decision making had been completed with people relevant to the person and the decision.

- Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these. At the time of our visit these had been approved for all three people and no conditions were associated with 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

- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- We heard conversations between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.
- People's equality needs were respected and supported. The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans. One member of staff told us how one person was supported to attend the church they and their family used to go to regularly. We saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.
- Staff were provided training in equality and diversity and were confident that no discrimination would be tolerated.

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

- Staff supported people to be involved and make decisions about their care and support. They were knowledgeable about how people expressed their decisions and each person's differing forms of communication.
- Information was presented in a way that would help people to understand this, including physically showing them or using gestures.

Respecting and promoting people's privacy, dignity and independence

- Observations demonstrated people's independence was supported as much as possible. People were encouraged to mobilise independently where they were able while staff observed and provided verbal guidance where needed.
- People's dignity and privacy was respected and supported. Staff listened to people, used people's preferred form of address and recognised promptly when they were anxious. For one person we observed their anxiety was due to pain and staff responded promptly and appropriately.
- People's rights to privacy and confidentiality were maintained. Care records were stored safely and securely. Conversations took place discreetly where needed. Staff were observed knocking and waiting before entering people's rooms.

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

- Observation reflected people were comfortable with staff and actively sought them out for support and interactions.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Staff involved people and their relatives where appropriate in the support package. They gathered information from a variety of sources to ensure the support plans implemented were based on the individuals needs and preferences.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans.
- Staff responded to people's needs and sourced external input from other professionals to ensure their needs could be 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.

- People's communication needs and how staff were to respond to those needs, were clearly documented within their care plans.
- Some care plan documents had been developed using pictorial aids.
- We saw technology was used to support one person to communicate with staff and other forms of communication were also used, such as Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate effectively by speaking.

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 encouraged to form and maintain relationships and attend activities with people outside of the home. Staff confirmed they always encouraged people to do as much for themselves as possible.
- People were encouraged to take part in activities they were interested in. These included supporting people to attend the swimming baths, shopping and day trips. Where appropriate people's bedrooms contained sensory equipment, which supported them to relax.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure available for people and their relatives.

- No complaints had been received since 2017. Those received prior to this had been addressed and actions taken.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager was clear that if this was needed they would work closely with the person, their family and other professionals to ensure that all physical, social, emotional and spiritual needs were met.
- Staff were in the process of gathering information to aid the development of end of life care plans for people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and all staff expressed an ethos for providing good, quality care for people, that was based around their needs, wishes and future aspirations. We observed that staff understood and cared for people in line with this ethos.

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 demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- CQC were notified of all significant events.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. This information was also included on the home's website with a link to the full report.

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

- There was a clear staffing structure in place. The registered manager was supported by senior staff and a regional manager.
- Staff had allocated roles and clear responsibilities in the service. These included carrying out health and safety checks and medicine audits. The registered manager then followed this up to ensure all necessary checks had been completed.
- There was a system in place to monitor the quality and safety of the service. A series of checks were completed daily, weekly and monthly for such things as medicines storage temperatures, fire safety and infection control. In addition to these internal audits, quality assurance visits were conducted by the regional management. Where improvement could be made for the benefit of people these were included on a central improvement plan which all levels of management contributed to and monitored.

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

- A number of systems were in place to ensure people, staff, relative and professionals views were sought. Staff told us how they had regular staff meetings.
- Records showed that regular reviews of care packages took place and these allowed people to openly

discuss any concerns they had or changes they wanted.

- Feedback was requested via the use of surveys. This was mostly positive, and the main concern was about a lack of manager. This had changed, and a manager had been appointed and became registered with the CQC.

Working in partnership with others

- The service had good links with other resources and organisations in the community to support people's preferences and meet their needs. For example, close links were maintained with the community nurse teams, GP's, advocacy and other health and social care professionals.