

Voyage 1 Limited

Spring Gardens

Inspection report

Spring Garden Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Spring Gardens is a residential care home providing personal care and accommodation for up to six adults in one large adapted bungalow. In July 2019, the service moved from their previous home called Bridge House into Spring Gardens to meet the changing needs of people as they became older. At the time of the inspection, six people were living at the home. All of whom were living with a learning disability and/or autism.

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

Care records were updated to reflect people's current needs. However, previous records had not been removed from files and therefore contained conflicting information regarding people's needs.

We have made a recommendation for care records to be reviewed and out of date information removed from files to provide staff with clear guidance on people's needs.

The provider had quality monitoring systems in place however, these had not identified that people's care records contained conflicting information. The provider took immediate action following the inspection to review all people's care records and remove historical information.

People were observed to be happy and supported by a staff team who knew them well. Staff were observed to provide care and support in line with people's needs and wishes. One relative told us, "[Person] is happy, content and well cared for. We couldn't ask for more from the fantastic staff."

Staff understood how to safeguard people from abuse. People's privacy and dignity was seen to be maintained. The newly appointed registered manager used information from accidents and incidents to learn lessons. Medicines were managed safely. A complaints system was in place.

The home had a dedicated infection prevention and control champion who ensured national guidance was being followed. The registered manager monitored all areas of the home ensuring high standards of infection prevention and control were delivered and that suitable supplies of personal protective equipment were available. Additional activities had been planned within the home during lockdown to positively support people through a period of extreme change to their routines. People were supported to have telephone or FaceTime contact with relatives.

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. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 requires improvement (published 31 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bridge House on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Spring Gardens

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

One inspector carried out the inspection.

Service and service type

Spring Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 newly appointed manager who was 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 announced. Having consideration of the coronavirus pandemic, we gave the registered manager a short period of notice of our arrival. This was to ensure safe systems were in place to protect everyone.

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 used all of this information to plan our inspection.

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

We observed the care and support provided to five of the people who lived at the home. We spoke on the telephone to three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior support workers and support workers.

We reviewed a range of records. This included two people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. 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 spoke with one professional who regularly visited 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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure suitable staffing levels to safely meet the needs of all people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels were suitable to meet the needs of the people living at the service. The registered manager was in the process of further reviewing staffing levels with the local authority to ensure they continued to be flexible and able to meet people's changing needs.
- An effective recruitment process was followed.
- Agency staff were used. The service used the same agency staff regularly so they could build relationships with people living at the service and ensure consistency of their care. The service had recently recruited for more staff.

Assessing risk, safety monitoring and management

- Care records contained conflicting information regarding people's current needs and level of support. For example, where a person's level of mobility had changed, care records and risk assessment had been updated but previous assessments not removed from the file, therefore providing conflicting information.

We have made a recommendation the provider reviews people's care records to ensure they are reflective of their current health and care needs.

- Staff knew people's current needs were able to clearly explain people's health needs and level of support required.
- Individualised positive behaviour support plans guided staff on actions they could take to prevent situations arising where a person could become distressed and therefore minimised the need for restrictive interventions.
- Regular health and safety checks were carried out to ensure people were kept safe.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to keep people safe. Staff were able to explain their responsibilities. All staff had completed safeguarding training.
- The service worked closely with other relevant authorities to protect people from abuse and avoidable

harm. One professional told us, "There is a genuine commitment by staff to do the very best they can for people. Staff are open and transparent when there have been any incidents, they inform me straight away and act immediately."

Using medicines safely

- Medicines were managed safely. Records showed people received their medicines at the correct times and with the correct level of support from trained staff who had their competency checked by the registered manager.
- Staff followed a national initiative for stopping the over medication of people with a learning disability, autism or both (STOMP), with certain medicines which affect the mind, emotions and behaviour. The registered manager told us how they implemented positive supporting strategies for people to avoid the need for 'as required' medicines.

Preventing and controlling infection

- The home was clean and tidy. Cleaning schedules were in place to ensure the home was hygienic and managed the risk of people and visitors catching and spreading infections.
- We were assured the registered manager was admitting people safely to the home.
- We were assured staff were using PPE effectively and safely.
- We were assured the registered manager was promoting safety through the layout and hygiene practices of the staff and home.

Learning lessons when things go wrong

- Incidents and accidents were recorded and investigated appropriately. Any lessons to be learned were discussed at staff meetings. This meant the necessary action was taken to reduce the risk of further incidents and accidents. Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

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 requires improvement. At this inspection this key question has now improved to good. 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

- Care and support plans considered all areas of people's lives, setting out their needs and how they wished to be supported. Where assessments had been updated, old records required removing from files to ensure a consistent approach was adopted by all staff.
- Staff were able to clearly discuss people's current health and support needs and were observed to deliver support in line with legislation, recognised standards and guidance.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- The service worked within the principles of the MCA. Appropriate assessments of people's capacity to make decisions were in place.
- The registered manager monitored DoLS applications to ensure they were submitted appropriately and on time.
- Staff understood their responsibilities regarding MCA and best interest decisions. We observed staff continually seeking people's permission whilst supporting them.
- Staff had a good understanding of people's communication needs and were observed supporting people to make day to day decisions and choices.

Staff support: induction, training, skills and experience

- Staff had the required knowledge, skills and experience to support people effectively. Staff told us their training fully prepared them to meet people's needs.

- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff.
- The registered manager operated effective processes to monitor staff training, supervisions and appraisal, which were up to date at the time of inspection.

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

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.
- Support plans outlined people's preferences, health needs and the support they required with their food and drinks.
- Where there were concerns about people's eating, drinking or their weight, appropriate referrals had been made to health professionals and monitoring systems put in place.

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

- Records of health care appointments were retained in people's care plans, these documented any treatment required or received. This ensured staff were informed of any changes.
- Staff supported people, when required, to attend healthcare appointments. People had attended a dentist and had oral hygiene support plans in place.
- When required, investigations or advice from health professionals was sought in a timely manner for any concerns. Health action plans were in place which identified people's health and care needs.

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

- The home was a newly adapted bungalow which people had moved into in 2019. There was extensive safe, outside space where people could go if they were experiencing anxiety or distress or just wanted some quiet time.
- People were supported to decorate their own rooms with personal items specific to their individual taste and interests.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider's audits had failed to identify the areas of concern found regarding unsuitable staffing levels, cleanliness of the home and environmental safety. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality monitoring of the service was in place. However, the issues found during this inspection regarding people's previous care records not being removed from files had not been identified. The registered manager took immediate action to review all care files and ensure they contained only current information. Staff spoken to were able to clearly discuss people's current needs.
- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the new registered manager was clear about their role, responsibilities and led the service well.
- Timely statutory notifications to CQC had been received following any notifiable events at the service.

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

- The registered manager and staff consistently placed people at the heart of the service. Staff spoke passionately about their commitment to provide meaningful, good quality, person-centred care that met people's individual needs. One relative said, "We have complete confidence in them all [staff]. We are kept up to date at every point of [person's] life."
- Staff were happy in their work. They described the registered manager as caring, approachable and supportive.

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; Continuous learning and improving care

- Policies were in place that clearly identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood their duty of candour, to be open and honest when things went wrong.

For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.

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

- Feedback on the quality of the service was actively sought from relatives, staff and professionals. The registered manager is looking at alternative ways to seek feedback from people using the service including the use of technology.
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to evaluate outcomes for people and set new goals for the year ahead.
- Staff meetings were held regularly and used to share good practice to continually raise standards.

Working in partnership with others

- The service worked closely with a range of external health and social care professionals.
- One professional told us, "I have no concerns whatsoever, the registered manager and staff are receptive to ideas and have an excellent knowledge of all residents."