Voyage 1 Limited

Lorenzo Drive

Inspection report

4-4a Lorenzo Drive
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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:
Lorenzo Drive is a purpose-built rehabilitation service for people with brain injury. There is a 12-bedded unit providing accommodation and personal care. In addition, there are eight additional places for tenants to be supported in supported living accommodation. In 'supported living' settings, people are tenants and can live in their own home and be supported to be as independent as possible. At the time of our inspection there were 12 people being supported in the care home setting and six people in supported living.

People's experience of using this service:
There were systems in place to monitor medication so that people received their medicines safely. However, some of the medication records did not meet the providers own standards and increased potential risk; this was addressed during the inspection. We were also concerned about the safe management of 'thickening' agents used to thicken people's drinks if they had swallowing difficulties. The registered manager advised us the policy and staff awareness for this would be reviewed. Storage for some medicines needed to be reviewed.

What was particularly noticeable about Lorenzo Drive was an atmosphere of positive regard for the people being supported mixed with focused and individual programmes of support based on people's involvement and input.

There was strong shared culture based on people receiving support in one rehabilitation setting with a settled staff and therapy team; this gave people a confidence to build relationships and develop ongoing achievable goals.

Care planning supported people's diversity and human rights. We found support for people who needed to promote their identity in terms of gender recognition. We spoke with professionals who told us the support provided was good and had contributed to people being able to develop their identity as individuals.

People's individual communication needs were addressed and supported. Technology and a flexible approach by staff was used to fully support people to communicate their care needs, preferences and choices.

We were given positive feedback from the people we spoke with who were living at Lorenzo Drive. They told us they enjoyed living at the service and their quality of life was enhanced by the staff support, sense of community involvement and how they were included in all aspects of their care and running of the service.

People said they were well supported. People were listened to. People had the support they needed to express their needs and wishes. People could make decisions and choices. We found examples where people had improved their quality of life since they had been living at Lorenzo Drive and had been able to access the local community and develop new skills where as previously they had lacked confidence and had

been anxious.

The assessment and planning of people's care was individualised. We found care records that supported people were always completed and reviewed with the person's input and included a high level of detail regarding peoples wishes and choices, aims and objectives. Support plans were tailored very much to people's ability and need to live a 'normal' a life as possible, including family life.

There was a range of specialist therapeutic support for people as needed such as physiotherapy and psychological therapy as well as therapy such as music and drama which helped to increase peoples identify and wellbeing. One person told us, "I've come a long way since I've been here; I can live a life now."

The service was staffed appropriately and consistently. We found staff communicated and supported people with dignity and respect. Staff could explain each person's care needs and how they communicated these needs. People told us that staff had the skills and approach needed to ensure people were receiving the right care.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training and this was ongoing. All the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed where obvious hazards were identified. We found the environment safe and well maintained.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made and decisions made in the person's best interest. 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.

We saw people's dietary needs were managed with reference to individual needs and choice. People had individual dietary needs and planning was made accordingly.

The manager could evidence a series of quality assurance processes and audits carried out internally and externally by staff and from visiting senior managers for the provider. These were generally effective in managing the service and were based on getting feedback from the people living there as well as the various stakeholders involved with the service. The quality assurance processes were being developed to ensure the service was monitored safely and could continue to learn and develop. The medication audit was discussed and needed to be further improved to ensure improved monitoring.

Rating at last inspection:
Lorenzo Drive is a new service which was registered in August 2018 and this was the first inspection by CQC.

Why we inspected:
This was a planned comprehensive inspection.

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 not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below	**Good**
Is the service well-led? The service was well led. Details are in our Well led findings below.	**Good**

Lorenzo 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 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.

Inspection team:
The inspection was undertaken by an adult social care inspector over two days.

Service and service type:
Lorenzo Drive is a 'care home'; people in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

In addition, there are eight additional places for tenants to be supported in supported living accommodation. In 'supported living' settings, people are tenants and can live in their own home and be supported to be as independent as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission [CQC] does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 was an announced inspection which took place over two days on 25 and 26 March 2019. We announced the visit by giving 48 hours' notice as we needed to ensure the registered manager was present and we also needed to establish consent to visit people living in supported living.

What we did:
Our planning considered information the provider sent us since they had been registered. We also

considered information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

We assessed the Provider Information Return [PIR] which is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people using the service to ask about their experience of care. We also spoke with the registered manager, two senior managers for the provider and five members of the support staff. We received feedback from five professionals who work with people at Lorenzo Drive.

We looked at five people's care records and a selection of other records including quality monitoring records, training records, staff records and records of checks carried out on the premises and equipment.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely:
• We found some medication records were not consistent in meeting the providers policies and procedures. There were recording anomalies on Medication Administration Records [MAR] charts which could cause some confusion and possible risk such as one person's fortnightly medication being incorrectly recorded. There was also a lack of second staff signature on handwritten medication records to help ensure validity of entry.
• We discussed the management of thickening agents to thicken drinks for one person who been assessed as having swallowing difficulties. We found the storage and recording of thickening agents on medication records could be improved. The registered manager advised they would review the policy on thickening agents to help ensure safe monitoring ongoing.
• The registered manager was responsive to being alerted to these issues and agreed to review the current medication audit so that these issues could be better monitored in the future.
• The service is new and we noted there was currently no storage facility for Controlled Drugs [CD's]. These are medicines that require special storage to ensure safe custody. At the time of the inspection the there was one medicine being monitored through the controlled drugs register that also required this storage. Following discussion, the registered manager advised us they would plan for a suitable cupboard to be installed.
• We recommended these medication issues be addressed with reference to current guidance.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management:
• People receiving support told us they felt the service was safe. People told us they enjoyed living at Lorenzo Drive and felt supported by staff. We observed people were relaxed and 'at home' and clearly felt a close rapport with staff. One person told us, "The staff are fantastic; I feel very safe here." Another person commented, "Yes its safe. I've been at [other service], it's better here and I can relax."
• Individual risks involving people and the environment had been assessed and were managed appropriately. Care records provided information around identified risks for staff to keep people safe from avoidable harm. There were regular checks made around environmental risk such as fire safety.
• Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
• Following one incident, staff had learnt the importance of responding quickly to medical emergencies.

Preventing and controlling infection:
• Staff had received training around preventing and controlling infection and access to relevant guidance

and information. Staff supported people to ensure their environment was regularly cleaned. We saw shared areas such as the kitchen facility had an up to date cleaning schedule. Routine cleaning was carried out and the environment was seen to be clean and hygienic.

Staffing and Recruitment:
• Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs.
• People were supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.
• The provider had a recruitment policy that helped ensure staff were recruited appropriately and were safe to work with vulnerable people. The registered manager continued to recruit and reiterated the importance staff who were recruited had the 'right approach'. Including the people being supported in the recruitment process helped ensure this.

Learning lessons when things go wrong:
• The service kept a record of any incidents or accidents that occurred. Individual accident / incident records contained very good detail and a review of risk had been carried out and the care plans for the people concerned updated to reduce any future risk.
• The registered manager could explain the processes they would follow should they identify any patterns or trends if incidents occurred. There were formal collation and feedback systems operating at senior management level to assess this.

Good

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.

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 was planned, delivered and monitored in line with people's individual assessed needs.
• Assessments were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from health and social care professionals and used to help plan effective care for people.
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff knew people well and how best to meet their needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were being met.
• Some people being supported were on DoLS authorisations so that any legal or deprivation issues could be effectively monitored.
• Staff understood how some decisions were made in people's best interest if they lacked the capacity too fully understand or consent. We found detailed plans had been made when considering care in people's best interest.
• People told us they were always offered choice and control over the care they received. One person commented, "I feel free here to make my own decisions; staff are really understanding." Another person commented, "Staff have helped me be more confident. Got my own flat; I can do what do want."

Staff support: induction, training, skills and experience:
• People told us they felt staff had the skills and knowledge to provide the right support. One person told us, "I trust the staff – they know what they are doing."
• Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited

staff had completed an induction and shadowing period and continued to receive training throughout their employment to maintain up-to-date skills and knowledge. Training received was appropriate to people's needs and the requirement of the role. Many of the support staff had formal qualifications in care such as NVQ or Diploma qualifications to underpin their care practice. Staff felt supported in their role by the registered manager.
• Training included background knowledge regarding people with brain injury and more specialist knowledge around de-escalation techniques to be used when people might exhibit challenging behaviour.
• Staff told us, "They are constantly training us – very keen on this. We get regular supervision and further training is always discussed."
Supporting people to eat and drink enough to maintain a balanced diet:
• Care records documented when people required support with their diet. Rehabilitation plans included specific support to encourage healthy eating and encouraging skills to prepare meals.
• There were shared kitchen facilities available for people to prepare meals. People in supported living accommodation had support from staff in line with their individual programme of support and choice.

Supporting people to live healthier lives, access healthcare services and support:
• People received additional support from healthcare professionals this was recorded within their care records. We saw detailed care plans and interventions from physiotherapy, occupational therapy and psychological therapists.
• The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals. One person was visiting their GP on the day of the inspection. They told us, "This is the first time I've planned this myself. Staff have supported me."
• A health care professional told us, "I feel they learn well. Staff overall will follow out any support plan. Staff can feedback any issues. No problems. It's a pretty good service – good core staff."

Adapting service, design, decoration to meet people's needs:
• People told us the general environment of the home was pleasing, well maintained and comfortable. We saw all areas were well decorated and homely.
• There were adaptions to shared bathrooms and toilets for people with disabilities to make them easier to use; for example, walk in shower facilities. There were wide doorways and corridors for people in wheelchairs.
• A dedicated room to support people who required individual physiotherapy was available.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:
• People were treated with kindness and were positive about the caring attitudes of staff. All the feedback we received about the service was positive. One person told us, "I'm happy here for now, staff have made my life worth living." Another person said, "They're very good staff, nothing's too much trouble for them, they'll do anything for you."
• Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. We observed staff had a good rapport with people and trusted staff in their daily interactions.
• A member of the providers own professional therapy team reported, "Staff are really good at supporting people. There's real movement in terms of people improving in such a short time."
• Staff understood and supported people's communication needs and choices. Care records specified how people communicate their wishes; one person whose condition meant they had specific needs around identifying visual cues in the environment had this detailed in their care plan. Staff were fully aware of how this translated to everyday interaction and support. This helped the person to feel less isolated.
•Care records included information about people's life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in preferred lifestyles.

Respecting and promoting people's privacy, dignity and independence:
• Staff treated people with dignity and respect whilst providing care and support.
• People's individuality and diversity was nurtured and people were treated with equal respect and warmth. People's uniqueness was recognised and supported. For example, two people who had preference regarding their gender identity had care plans which fully supported this.
• People's right to a family life was supported. Family visits were supported by highly individualised care plans which considered people's stage of rehabilitation.
• People's right to privacy and confidentiality was respected. People received personal care in their own bedrooms in private. Care records included reference to support with personal care when required.

Supporting people to express their views and be involved in making decisions about their care:
• People were supported to communicate their views and were involved in planning their activities and daily life. We saw that regular reviews of care were undertaken which included people's input and involvement.
• People were encouraged to share their views about the care they received with regular meetings and surveys.
• People's rights were supported and advocated. One person had been supported by external advocacy

services. The advocate told us, "Over the past year I've been blown away by the progress [person] has made."
• People told us they were confident in expressing their views about the care and support provided by staff and that staff always responded positively.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• Everyone being supported received care and support that was personalised to their individual needs, wishes and aspirations.
• What was particularly noticeable was an atmosphere of positive regard for the people being supported mixed with focused and individual programmes of support based on people's involvement and input.
• There was strong shared culture based on people receiving support in one rehabilitation setting with a settled staff and extensive therapy team; this gave people a confidence to build relationships and develop ongoing achievable goals.
• Care planning supported people's diversity and human rights. We found support for people who needed to promote their identity in terms of gender recognition. An advocate for one of these people spoke positively about the change and development of the person's confidence and individuality due to the support they received.
• Professionals told us the support provided was very good and had contributed to people being able to develop their identity as individuals. All the examples quoted by professionals evidenced people having progressed in terms of their rehabilitation.
• People's individual communication needs were addressed and supported. Technology and a flexible approach by staff was used to fully support people to communicate their care needs, preferences and choices in line with the Accessible Information Standard. One person had a specific condition involving visual difficulties and autism. The person had written their care plan to accommodate this using specific font colour they recognised.
• We were given positive feedback from people which evidenced how their daily life and wellbeing had been improved by the individualised approach to care planning and involvement. They told us they enjoyed living at the service and their quality of life was considerably enhanced by the staff support, sense of community involvement and how they were included in all aspects of their care and running of the service.
• People were listened to and had support to express their needs and wishes. People could make decisions and choices. People told us they had improved their quality of life since they had been living at Lorenzo Drive. They had been able to access the local community and develop new skills where as previously they had lacked confidence and had been anxious.
• The assessment and planning of people's care was highly individualised. Care records that supported people were always completed and reviewed with the person's input and included a very high level of detail regarding peoples wishes and choices, aims and objectives. Support plans were tailored very much to people's ability and need to live a 'normal' a life as possible, including family life. One person told us, "I live more on my own now. I can invite people back and I now have a girlfriend."
• There was a range of specialist therapeutic support for people as needed such as physiotherapy and psychological therapy as well as music and drama therapy which helped to increase peoples identify and wellbeing. One person told us, "I've come a long way since I've been here; I can live a life now."

• People's choice of activity was planned in line with their past interests. For example, one person told us about how they were a professional DJ and staff had supported them to continue with this.

Improving care quality in response to complaints or concerns:
• People and family members knew how to provide feedback to the registered manager about their experiences of care; the service provided a range of ways to do this through care review meetings and regular surveys.
• Staff, people and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way. We reviewed and discussed one complaint and this had been appropriately managed with good feedback and ongoing dialogue.

End of life care and support:
• There were no current or recent examples for the service of people receiving this support. We discussed models whereby a focus on future wishes could be encouraged. The registered manager could discuss the concept of end of life care within a rehabilitation setting and understood the principals involved.
• A past example discussed evidenced how the service supported a person with specific religious beliefs and how this was respected.
• Policies and good practice guidance was readily available.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care:
• Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. The registered manager continuously worked to make and sustain improvements to the service.
• We discussed how some key audits could be further improved; for example, the medication audits to include monitoring of aspects of medication administration highlighted. The registered manager advised these would be addressed in future planning.
• Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of ongoing learning.
• The registered manager had links with external organisations to ensure they remained up to date with new procedures and information to ensure the care and support being proved was based on current evidence-based guidance, legislation, standards and best practice. The registered manager had a long experience of working and managing services for people who had acquired brain injury and was qualified to a high level.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management. The registered manager had an advanced qualification in management and leadership.
• Risks were identified through the quality assurance systems and mitigated in a timely way.
• The registered manager and staff understood their roles and responsibilities. People we spoke with were confident in the leadership of the service. One person told us, "[Manager] is great and will sort out anything for you."
• We saw the registered manager interacting regularly with people being supported and this provided a very effective lead for staff to follow.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People we spoke with felt listened to and involved in the care provided.
• The comments received from people, family members and staff where positive and showed good outcomes for people's lives. One staff members comments were, "I've been made welcome from day one and feel well supported. [Registered manager] is very open and approachable."
• Staff understood the service's vision and felt respected, valued and well supported. They told us they felt

valued and trusted by the registered manager and provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

Working in partnership with others:
• The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.
• A visiting professional said, "I would say this is better run and is better management [than most services] and consistent. There are better goals in place. Real awareness of hierarchy of management which is very ordered; this means a more settled environment."