Voyage 1 Limited

Twyford 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

Summary of findings

Overall summary

About the service:
Twyford House is a residential care home that was providing care and accommodation to 11 younger adults with learning disabilities, autism and/ or emotional support needs at the time of the inspection. The service is registered to support 14 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building being discreetly set back away from the road. There were no signs that indicated that the building was a care home and staff did not wear a uniform which would identify them as care workers.

People's experience of using this service:
The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; staff recognised that people had the capacity to make day to day choices and supported them to do so. People were encouraged to be independent. People were engaging in the community, for example through attending clubs, accessing shops and visiting the pub.

There was a positive atmosphere at the service. People were happy, and staff engaged with people in a kind and caring way. People were busy when we visited, engaging in activities, undertaking daily living tasks such as helping in the office or going out. One relative told us, "The service is excellent in keeping my [family member] active and occupied."

The service continued to provide effective and safe support to people living with a learning disability and or autism. People were provided with good support to communicate, staff knew people well and understood their communication. People were supported to manage their emotions and had positive behaviour support strategies in place. Relatives told us that they had seen a positive change in their loved ones. People were supported to feedback on their experiences and contribute to planning their own support in ways which were suitable for their communication needs. For example, through using pictures, stories and electronic communication.

Staff were kind and caring and had the skills, learning and training they needed to support people. People were encouraged to increase their independence. The service supported people to maintain family relationships. When relatives could no longer visit people were supported to visit them.

The service was well led. The registered manager knew people well and people were comfortable coming in to the office to communicate with them. The registered manager carried out the appropriate checks to ensure that the quality of the service was maintained.

The service met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

At the last inspection on 14 July 2016 the service was rated Good.

Why we inspected:
This inspection was a scheduled inspection based on previous rating.

Follow up:
We will visit the service again in the future to check if they are changes to the quality of the service.

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	**Good**
Is the service effective? The service was effective	**Good**
Is the service caring? The service was caring	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was well-led	**Good**

Twyford House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses a learning disability care service.

Service and service type:
Twyford House 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, we asked the provider 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. We looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with two people's relatives. People were not able to verbally communicate their experiences of living at the service, we observed the interaction between people and staff in the communal areas.

We looked at three people's support plans and the recruitment records of two new staff employed at the service. We viewed, medicines management, complaints, meetings minutes, health and safety assessments, accidents and incidents logs. We spoke with the registered manager, the deputy manager and three support workers.

We sought feedback from relevant health and social care professionals and commissioners from the local authority on their experience of the service. However, we did not receive any feedback about the service.

At the inspection we asked the registered manager to send us some further information about the support plan for one person and surveys for relatives and staff. This information was received in a timely manner.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse.
- Staff knew how to identify concerns. Staff and the registered manager knew how to report concerns to the local authority. Where there had been concerns, they had been reported, investigated and acted upon as appropriate.
- One member of staff was a 'safeguarding advocate' who supported staff to access information about safeguarding if this was needed.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed. There was information for staff to help them to reduce risk. For example, where people had long term conditions there was information about how to identify if they were unwell and what actions to take.
- Some people needed support to manage their emotions to reduce the risk of an incident occurring. The emotional behaviours support plans were thorough and detailed and contained the information staff needed to support people safely. For example, there was information on what could cause the person to become upset and what actions staff were to take when people were upset.
- Where forms of physical restraint were used these were clearly documented in people's support plans. There was guidance on how to prevent an incident escalating to the level where restraint was needed and clear guidance for staff about when physical restraint could be considered.
- People continued to be protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks such as gas safety checks had been carried out. There were regular fire drills. There were window restrictors on the windows to ensure that people could not climb out and fall.

Staffing and recruitment

- There continued to be enough staff to keep people safe. Staffing was arranged flexibly and where people needed one to one or two to one support this was provided.
- The service had access to regular bank staff through the provider. There was some use of agency staff at times. For example, some agency staff were used when a new person moved in to provide support whilst more staff were recruited. Risk assessments were undertaken to identify who could not be supported by new or unfamiliar staff to ensure that agency staff were used safely.
- Staff continued to be recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

● Medicines continued to be managed safely. Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed.
● Medicines were stored safely. Where appropriate medicines where stored in people's own rooms. The temperature of people's medicine cabinets was regularly checked as being too hot or cold could change the effectiveness of some medicines.
● Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed.

Preventing and controlling infection
● People were protected from the risk of infection, staff had received the appropriate training to learn how to minimise the risk of infection spreading.
● Staff had access to appropriate equipment such as gloves and bags to use when clothing or bedding were soiled. We observed that staff were using these and following best practice guidelines.
● The service was clean and free from odour.

Learning lessons when things go wrong
● When things went wrong lessons continued to be learnt and learning was shared with staff.
● Incidents and accidents were analysed, and any trends were monitored. People's support plans had been updated where this was needed. For example, when new triggers to emotional behaviour were identified these were added to people's support plans. Relatives told us that when things went wrong things were put in place to reduce the risk of reoccurrence.
● After an incident of emotional behaviour that could be a risk to the person or those around them had occurred there was a briefing session for staff. During these sessions staff discussed the incident and reviewed what could have been done better and what had worked well.
● Staff told us that they could access emotional support after an incident if this was needed. There was information in people's support plans about what support they needed after an incident to guide staff.

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.

Good: 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

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs such as their religion, culture and expressing their sexuality.
- On the day of the inspection one person was moving in to the service. Prior to moving in they had spent time at the service including staying overnight. The registered manager had also given the person a key ring with photographs of all the staff at the service so that the person knew who they were.

Staff support: induction, training, skills and experience

- Staff continued to have the training and skills they needed to support people such as safeguarding, equality and diversity, person centred care, communication and health and safety. There was also training specific to people's needs such as Makaton sign language, autism and nationally recognised training to make sure that they could provide support to people who could have emotional behaviour that could harm others or themselves. This included ensuring that staff were trained to restrain people safely. Training was a mixture of face to face and on-line training.
- Where people had specific emotional support needs staff had attended person specific workshops for training focused on supporting that one person.
- There were regular supervision and appraisals for staff. The registered manager and deputy manager worked alongside staff and observed staff practice. Staff also had training to support them such as managing stress and personal development.

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

- People were supported to eat and drink. People were involved in going shopping, planning the menu and where possible the preparation of food and cooking. The menu for the day was displayed on a picture board.
- Where people did not like the planned menu we observed that they were able to have something else. People could choose where they wanted to eat and did so. There was fruit available and people had their own snack boxes for snacks of their own choice.
- Where people were at risk from choking they had seen the speech and language team (SaLT) and there was guidance in place which staff followed. Staff were also working with SaLT to improve people's ability to swallow and had successfully supported one person to do so. This meant that the person was able to eat food that closer resembled that of those around them.

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

● People had hospital passports in place. These are documents people can take with them when they go to hospital and provide useful information for healthcare staff. Passports included information such as how the person expresses that they are in pain, how they take their medicines and information about how the person engaged with healthcare previously. For example, if a person would let staff take their blood pressure or if this caused them to become upset.

● People also had communication passports. This included information on what people's signs and gestures meant and what people could understand. These documents could be used by healthcare staff to aid communication.

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

● People continued to have access to healthcare services when they needed it. People had health action plans which included information about their healthcare needs and appointments such as doctors, dentists and opticians.

● Staff worked with people to enable them to be able to access healthcare. For example, when people needed to go to the dentist staff showed them photographs of where they were going and who they were going to meet. Staff arranged with the dentist for the person to be able to visit the dental practice prior to the appointment until the person was comfortable and able to complete an appointment safely.

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

● The service was designed and decorated to meet people's needs. The environment was pleasant, spacious and decorated in a calm colour which was suitable for people with autism.

● People had free access to the garden and all areas of the service including the kitchen.

● People's rooms were personalised to suit their tastes and needs. One person's bathroom was being redecorated and staff had brought in a tile board to enable the person to choose the tiles they wanted.

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.

● The staff we spoke to had a good understanding of the MCA and knew how to protect people's rights and told us they assumed that people had the capacity to make a decision until it was found otherwise.

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.

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

Ensuring people are well treated and supported, equality and diversity

● We observed people being treated with kindness and compassion. Staff responded quickly to people's requests and questions. Staff frequently spoke with people and when they did so it was in a patient, calm and friendly way. We saw that staff maintained eye contact with people, sat down next to them at the table when talking with them, and bent down to interact when appropriate.

● Staff had considered people's diversity needs and taken action to improve people's lives. For example, staff had recently attended training about autism which involved using virtual reality to try and understand how the world could feel when you were living with autism and had made changes to the service as a result. Staff wore plain clothing that were not of bright colour and ensured that they spoke quietly to each other. This was to reduce the risk of over stimulating people who found noise and bright colours emotionally difficult.

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

● People were supported to express their views in a way which suited them. People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support. Keyworkers used social stories, pictures and objects of reference to discuss people's support with them and enable people to express their views. Social stories are personalised short stories about a situation the person has experienced or may experience such as a trip to the GP or a holiday.

● Staff also used electronic tablets to assist people to communicate where this was appropriate. For example, one person used a tablet to let staff know what they wanted to eat.

● Records showed that people had access to advocates where they needed them. For example, one person had met with an advocate to discuss moving to a service with lower levels of support.

● Where people used Makaton or personal signs to communicate there was information about these signs in people's support plans. There was also a large pictorial display of Makaton signs in the hallway which staff could use. We saw staff and people used signs, gestures and noises to communicate regularly thought the day. For example, staff bumped fists with people when this was their way of greeting people.

Respecting and promoting people's privacy, dignity and independence

● People's privacy was respected. For example, technology was in place to enable people to spend time alone in their room safely. People's records were stored securely to protect their privacy.

● People were encouraged to be as independent as possible and to learn new skills to enable them to increase their independence. For example, learning letters and numbers, undertaking household chores and helping in the office. One person had been supported to increase their independence and was not able to move on to a service where there were lower levels of support. Staff were supporting the person to prepare for this transition.

● The registered manager had taken a proactive approach to independence in all areas of people's lives. For example, one person liked to carry items that were important to them but frequently put the out of their own reach. The registered manager had adapted the environment to enable the person to be able to retrieve their possessions independently and safely.
● We observed that people were being supported to lead dignified lives.

Good

Is the service responsive?

Our findings

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

Good: 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

- People were supported in an individualised way. Staff knew people well and understood their likes and dislikes. These preferences were documented in their support plan.
- We observed that staff understood how people wanted to be supported. Where people had one to one support they moved around the service freely and staff followed. Some people interacted with staff frequently and others preferred to undertake activities undisturbed and staff respected these choices.
- People regularly reviewed their support with their keyworkers. Support plans were reviewed annually or where people's needs had changed.
- People were supported to access scheduled activities such as attending day centres, sensory activities, going shopping or on holiday. People also had access to unscheduled activities. One person told staff they wanted to go out and staff responded to this quickly assisting the person so get their coat and leave to go to the shop as was their choice.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, people's care plans included pictures to enable them to understand them.

Improving care quality in response to complaints or concerns

- There had been no complaints since the last inspection.
- There was information on how to complain if people wanted to do so. People felt comfortable speaking to the registered manager and did so frequently thought the day. People were also able to raise any concerns with their keyworker if they wanted to do so.

End of life care and support

- The service was not supporting anyone at the end of their life and the people living there were younger adults.
- The registered manager had started the process of having conversations with families about end of life plans and some people had these plans in place.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was an open and transparent culture within the service.
- People approached the registered manager and deputy manager regularly throughout the day and spent periods of time in the office. The management team knew people well and there was regular communication with people.
- There was a positive focus on supporting people to communicate and express their views through the use of different media including technology.
- Relatives where involved in people's care. Where things went wrong or there were incidents relatives were informed where this appropriate.

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

- There were systems in place to check the quality of the service including reviewing support plans, incidents, maintenance and health and safety. Medicines were audited weekly to check stock levels with a full audit of medicines being undertaken monthly. Where actions were needed these were recorded and completed in a timely manner.
- There were regular audits by the operations manager on behalf of the provider to check that quality systems were effective.
- The registered manager had informed CQC of significant events that happened within the service, as required.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

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

- Staff told us that they were able to share their ideas and felt listened too. There were monthly staff meetings and a bi monthly meeting for senior staff.
- There was an annual service review. This involved seeking feedback from people, relatives, staff and other people involved in people's lives. This included a review of what was working well and what areas could be improved. Where areas of improvement were identified there was an action plan in place and we saw that actions had been completed. Relatives told us that the service kept them updated. One relative said, "I

speak to them weekly and get regular written reports from them."
● Staff sought feedback from people taking in to account their equality characteristics. For example, people were supported to used pictures, electronic tablets and communication books to provide feedback on their support.

Continuous learning and improving care
● The registered manager kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by nursing staff for care providers.

Working in partnership with others
● Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
● The registered manager worked with funding authorities and other health professionals such as psychologists team to ensure people received joined up care.
● The registered manager had developed links with the local community. For example, with local shops and pubs.
● Where people moved in or out of the service staff worked with other care homes. For example, by sharing support plans and supporting the transition process.