

Voyage 1 Limited

Bewick House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Bewick House is a residential care home providing personal care to six people with learning disabilities and at the time of the inspection. The service can support up to six people.

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 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

We received extremely positive feedback from people, they told us they were very happy living at Bewick House. People were really happy with the person-centred support they received to enable them to enable them to have fulfilled lives, have improved well-being and increased independence. Visiting professionals spoke very highly of the staff team and the home.

The service had been fully developed and without doubt designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. People using the service received exceedingly well planned and co-ordinated person-centred support, appropriate and inclusive for them.

Peoples health, well-being were drastically improved as a direct impact from the level of personalised support they received from the staff team who continually supported people to develop, try new things, learn new skills to help achieve personal goals. People were empowered to have their say and to exercise their rights. Access to an advocacy service was available and taken up when needed. People were supported and empowered to take on additional self-advocacy projects.

Support was provided in a way which put the people and their preferences first. Excellent continual joined up working with healthcare professionals was in place and working together exceeded expectations and peoples personalised goals in wellbeing, education, independence and employment experience. People were supported emotionally and confidentially to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and leadership in the service ensured this practice was the norm. People were supported to build and maintain important personal relationships that mattered to them; with peers, friends and relatives. People were empowered to support others to speak out and improve services.

Management and staff went the extra mile. Staff received superb additional support to retrain to the

appropriate level of personalised training to meet people's exceptional needs.

The home was adapted to meet people's needs and raise their aspirations by providing a homely and also an educational environment. The home was very clean, modern and homely and maintained to a very high standard with personalised features throughout.

Audits and monitoring systems were used effectively to manage the service and to make improvements when required.

The registered manager and staff supported people to make valuable connections to help tackle social isolation and to support each other. People were able to access a superb range of activities in the home and outside which promoted, education, improved wellbeing and community independence.

There were excellent systems in place for communicating with people, their relatives and staff to ensure they were fully involved and included one to one key worker meetings, handovers, team meetings, phone calls and emails.

Medicines were managed well, safely administered and recorded accurately. Individualised risk assessments were in place. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

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 (11 July 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 in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective finding below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring finding below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in the responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in the well-led findings below.

Bewick 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. 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

One inspector, carried out the inspection.

Service and service type

Bewick House is a residential 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.

The service had a registered manager. This means when registered 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider completed 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 spent time with people living at the service. We spoke with three people who used the service, deputy manager the registered manager an advocate and two visiting social workers.

We reviewed a range of records. These included two people's care records and three medicines records. A variety of records relating to the management of the service, including audits, procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training, audits, reports from external professionals and policies.

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.

Assessing risk, safety monitoring and management

- People had both general and personalised risk assessments which were regularly reviewed.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- Fire safety practices were in place along with regular checks to equipment.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual recording basis. The registered manager and provider analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

Using medicines safely

- Medicine administration records were clear and completed fully.
- People received their medicines as prescribed, at the right time.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to appropriately raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

Preventing and controlling infection

- The premises were very clean and tidy with no odours.
- Staff were provided with protective gloves and aprons where required and these were stored discreetly.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their needs and safety.
- Staff were recruited safely, using robust checking methods to ensure only suitable people were employed.

Is the service effective?

Our findings

Our findings - Is the service effective? = Outstanding

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 improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's and professionals feedback described it as exceptional and distinctive especially regarding partnership working and meeting people's healthcare needs.

Staff support: induction, training, skills and experience

- People were supported by staff who re- trained in specialised skills to support them in out of the ordinary circumstances. This enabled one person to come home from hospital, avoiding admission to nursing care and then to recover from end of life care.
- Staff went above and beyond their role to support people in times of exceptional need. One advocate told us, "When the person I advocate for was very ill I saw how the staff went over and above their role. They were willing to learn, have extra training to extra support so that they could return home to where they are valued, and loved by those around them".
- People were supported by staff whose specialised training meant that improved outcomes for people were achieved. Including, specialist psychotherapy communication training that reduced behaviour that is seen to challenge the service by removing the need for interventions such as medicines.

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

- The home was specially adapted to meet not only peoples' physical needs but their educational and wellbeing needs. A room had been turned into a professional standard nail salon to support a person's learning as they couldn't access a beauty course at college. This broke down barriers to education and staff brought the course into the home. The person developed new skills instead of missing out, while also sharing their new skills with other people living at the home who also benefited.
- People were regularly involved in choosing décor for the home and their personalised bedrooms.
- The outside garden area of the home was accessible and well maintained and personalised by people who used the service.

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

- The provider had developed exceptional partnership working with external professionals , such as social workers, psychiatrists, physiotherapists and GPs to support, maintain and improve people's long term health. They had provided bespoke healthcare and support in extremely challenging circumstances which had brought about a drastic change to a person's health.
- Staff worked together as one team with external healthcare professionals to develop care to suit people's individual needs by working and learning together, seeking expert advice and guidance to be resilient to peoples changing needs.

- People had highly personalised care plans covering their healthcare needs. These shared important information with healthcare professionals.

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

- Two people who used the service were trained as self-advocates and were champions in promoting quality services. They took part in the provider's 'quality checkers' scheme. One person told us, "I know what you do, I do the same I go to other homes to see what it's like, and "At home I have helped the staff to be better at their jobs. I have pointed things out to them that needed changing. Staff were writing notes at the table which was not private and confidential. I keep a look out for these sorts of things and tell the staff or report it in the house meetings. I enjoy making sure everyone is safe in their homes".
- One of the Quality Checker trainers told us; "Over the last 12 months the advocates confidence and ability has grown, they will now approach and talk to individuals and staff members to ask questions and gain information to complete the audit, without prompting. Their knowledge and professionalism in how to talk with people who have communication difficulties has shone through and they use a variety of aids to assist with this".
- Outcomes for people were met, their preferences, care and health needs were assessed and regularly reviewed.

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

- The service enabled people to maximise their independence by working with specialists to ensure mobility equipment was adapted to each individual's need.
- Referrals were made to other healthcare professionals where appropriate, in a timely manner.

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

- Staff underwent specialist training to support one person's specialised dietary needs and learned to support them in an individualised way.
- People's nutrition, hydration needs and preferences were met, people were provided with a varied and nutritionally balanced diet.

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 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.

- Health professionals and staff completed capacity assessments where required to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care, they understood their role in making decisions in people's best interests. These decisions were in place for receiving support where needed.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.

- People who could, were asked to give consent to their care and treatment; we saw this was recorded in care files.
- Where people needed conditions in place these were met and clearly recorded.

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

- There was a positive rapport between people, support staff and management. One person told us, "the staff are all kind and friendly."
- People were supported to maintain personal relationships, to visit family and spend time with partners, peers and friends. One person told us, "I've made new friends at advocacy."
- Staff were trained in dignity and respect. Staff treated people with kindness and respect at all times.
- People could be supported to follow their chosen religion and to attend their place of worship if they wanted.

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

- People were supported and had regular one to one meetings with their key worker to make plans and discuss any changes to their support; their advocate or relatives would be included if appropriate.
- People were supported to have their say and had an independent advocate where required.
- Staff spent time listening and talking to people. We observed the relaxed atmosphere and mutual respect between people and staff.

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to set goals, have aspirations and to achieve increased independence.
- People were supported by staff to attend self-advocacy projects voluntary work to support learning new skills.
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.

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 outstanding. At this inspection the rating remains the same. Since the last inspection, the service had improved further by providing exceptional person-centred support enabling people to live fulfilled lives, have improved well-being and increased independence. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples needs were always met to a high standard. Staff had an excellent understanding of people's need and care plans were exceptionally person-centred.
- People's feelings of wellbeing had improved as they were supported positively to manage their anxiety. Behaviours seen as challenging to the service were reduced and using medicines to support people's anxiety had been eradicated.
- Exceptional results had been achieved through setting goals with people and consistently supporting them to reach their potential.
- Peoples' well-being had improved drastically and they were engaging in more activities and had better quality of life. Another person was now managing their own medicines and planning to move on to supported living where they would receive reduced support and further independence.
- People were fully engaged in planning their care and support to meet their needs - this meant they had full choice and control over their own lives. One person told us, "I meet my social worker, I make decisions, we chat and talk about what I like and don't like, what works for me and what I want. The staff talk about what I want and work as a team with the social worker. I put my views across and get advice when I need it. I'm in charge of it obviously that's what it's about making my own decisions and I am happy - it's what I want."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities socially and culturally relevant to them

- People followed interests and took take part in activities that had positive impacts on their lives and their overall well-being, including; volunteering at a local farm, 'messy time' play scheme at local church toddler group, learning pet care skills, one to one shadowing to enable accessing the community more independently.
- Staff used their knowledge of people to suggest innovative ways to include them in activities. One person who would suffer from anxiety and be withdrawn and they brought their pet dog in twice a week for them to look after and this built their skills up which lead to a volunteer role. This person told us, "The staff helped me get the farm job they told me never to give up trying."
- People were supported by staff to build new relationships and to be empowered and to speak up for others and themselves by taking part in Self advocacy projects regionally.
- People were supported by the provider to be 'quality checkers' where they visited other homes of the

providers to speak to people and check the care. One person told us, "I know what you do, CQC I do the same I go to other homes to see what it's like for the people"

End-of-life care and support

- The service provided exceptional support to people towards the end of their life.
- People were supported against all odds by working in partnership with other healthcare professionals so people could access end of life services at home rather than move to another service that would have been detrimental to their well-being.
- Quality of life was improved for one person who received end of life care so much so they recovered and were able to go on to live a full life.
- Staff underwent specialist additional training to enable them to carry out end of care practices at home.

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.

- Communication needs were met individually through the use of easy read materials, large print and with the use of personal Ipads and mobile phones.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and followed by the registered manager or staff when required.
- People were supported to raise any issues. Where issues had been raised these were addressed.

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 and at this inspection the rating remained the same. The service had continued to improve and support people to aspire and to achieve. 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; Continuous learning and improving care

- The registered manager held staff meetings and senior meetings to discuss relevant information.
- Staff could approach the registered manager for support at any time.
- People, relatives and staff were asked for their views on the service.

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

- Audits were in place and carried out regularly including improved reviews of records and care plans.
- Policies, procedures and audits were current and in line with best practice. Audits highlighted areas for improvement and actions were followed up by the registered manager.
- The provider had sent us notifications relating to significant events occurring within the service.

Working in partnership with others

- The service was an important part of the local community and people had forged excellent links from using local services such as the local pub and shops.
- People were continually supported by a range of different healthcare professionals and the registered manager and staff had forged excellent working relationships.

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

- The registered manager encouraged people and staff to be open with each other and created a culture of acceptance. They achieved good levels of satisfaction through communication systems to keep staff, people and their families informed of what was happening via updates and meetings.
- The culture at the home was to support people to practice their chosen religion if they wished and for staff to understand different cultural beliefs or preferences.

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

- There was strong, clear leadership and regular audits were carried out by the registered manager to

understand the quality and safety of the service.

- The provider had a plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.
- The registered manager was open with the inspector during the inspection.