

Voyage 1 Limited

39 Hawthorne Grove

## Inspection report

39 Hawthorn Grove  
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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

39 Hawthorne Grove is a care home for people living with a learning disability and/or autism. It provides personal care to three 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 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.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

People were protected from potential risks of abuse and harm by staff who had been trained and knew how to report any concerns.

People had a variety of risk assessments which identified areas of risk and gave guidance to staff on how to minimise those risks.

Medicines were administered, stored and managed safely.

Staff were recruited safely and told us they had good support from the registered manager. They had regular one to one supervision and an annual appraisal. The registered manager operated an open door policy and staff felt very able to approach them with any issue.

People's needs were assessed by a multi-disciplinary team of health and social care professionals. Care plans were developed using person centred language and detailed individual needs, preferences and methods of communication.

We observed and we were told staff were kind caring and compassionate and delivered dignified and respectful care to people. 39 Hawthorne Grove was homely calm and relaxed. People appeared to be happy and content.

The service had a new registered manager who had made significant improvements to communication, record keeping and the quality of people's lives. We received very good feedback about their management

style and competency.

The service had robust quality assurance and audits in place to monitor the quality of the service, senior management also had good oversight.

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 interest; the policies and systems in the service supported this practice.

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

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was good (published 19 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 39 Hawthorne Grove

## 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

This inspection was carried out by one inspector.

#### Service and service type

39 Hawthorne Grove 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 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

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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager the senior care worker and care workers. We reviewed a range of records. This included three people's care records. We looked at three 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 sought feedback from three professionals who regularly visit the service and received contact from two.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the potential risk of abuse and harm.
- Staff we spoke with had the knowledge to identify safeguarding concerns and knew how to report them. Staff were confident about their responsibilities and when to whistle blow. Whistleblowing procedures protects staff from reprisals if they report any wrongdoing they witness at work.
- Staff had received training in safeguarding practices and the local authority flow chart was visible in staff areas for guidance.

Assessing risk, safety monitoring and management

- People were protected from risks.
- The risks people faced were assessed and recorded in risk management plans which were reviewed regularly. Risk assessments gave good guidance to staff on how to minimise the risks identified and what actions to take.
- We saw a variety of risk assessments for people which included areas such as wheelchair use, wet room and bathroom use, moving and handling and using a profiling bed.
- Environmental risk assessments had been completed for gas, electric, water safety and maintenance.
- We saw personal emergency evacuation procedures (PEEPs) with person centred details for each person on how they needed to be supported in an emergency.

Staffing and recruitment

- Staff had been recruited safely. This included pre-employment and identity checks and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable groups.
- The service was fully staffed and there were enough staff to support people. The registered manager shared staff between the three Voyage homes in the area which she manages. This meant staffing was flexible and people had a consistent group of staff with whom they were familiar.

Using medicines safely

- Medicines were administered, stored and managed safely. Peoples medicines administration records (MARs) were completed accurately. These were audited weekly.
- There were protocols in place for 'as required' medicines. Topical creams had corresponding body charts for accurate application.
- The service followed national guidance to prevent the over use of psychotropic medicines for people with a learning disability.

- Staff were trained in medicines administration and had regular competency spot checks.

#### Preventing and controlling infection

- People were protected from the risks of infection. Staff told us they had training in infection control practices and we saw hand gels, paper towels, lidded bins and personal protective equipment (PPE) in place.
- The home was clean and tidy. A cleaning schedule was in place which was carried out regularly.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and the findings analysed. These were reflected on at one-to-one supervision as well as team meetings. Findings were used to improve safety for people.



# Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were thoroughly assessed. Care plans were developed from multi-disciplinary assessments which gave guidance on how to meet people's person-centred needs appropriately.
- The service worked closely with health and social care colleagues to ensure specific needs were met. For example physiotherapists, speech and language therapists, specialist nurses and dieticians from the community team for people with learning disabilities.
- People were supported to attend their specialist annual health check and to access their local community health and social care appointments.
- People had hospital passports to aid communication with medical staff should they need to go to hospital. This meant key information would be shared with professionals in emergency situations.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and skilled in their roles. Staff had completed mandatory training in areas such as safeguarding, mental capacity, health and safety and food hygiene. The training matrix confirmed staff were up to date with their training.
- Most training was via e-learning and staff told us they would prefer a more balanced mix of computer and face to face training. We discussed this with the registered manager at the time of the inspection.
- Staff were supported via one-to-one supervision and annual appraisal. There was an 'open door' policy and staff told us they could approach the registered manager at any time and felt fully supported.

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

- Staff knew people's preferences with food and drink. People were accompanied to shop for and choose items for the weekly menu.
- Two people needed specific personalised support in order to maintain a healthy diet and a healthy weight. These were recorded in their care plans which gave through guidance to staff on how to meet their needs.
- People were supported to be involved in choosing their meals and were offered a choice. During the inspection we observed people eating and drinking independently, there were plenty of snacks and drinks available.

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

- 39 Hawthorne Grove was an ordinary bungalow in a residential street. It had been adapted to give level

access for people in a wheelchair.

- Internally, it was homely, light and spacious. People's rooms had been decorated according to their tastes.
- There was a private garden at the rear and a conservatory for which there were plans in place to convert into a sensory room.

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

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

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

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

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

- The service was fully compliant with the requirements of the MCA.
- People's care plans contained consent forms and we heard staff request permission and consent prior to supporting people.
- Mental capacity assessments had been robustly completed along with their corresponding best interest decisions. People had a decision making profile in their care plans.
- The registered manager had made appropriate applications to the local authority for DoLS. Where authorisations were in place we saw the conditions were being met and plans regularly reviewed for changes.
- People had the appropriate representatives in place to help make decisions, such as an advocate.
- Staff were knowledgeable about the Act and how to apply this in their work, one staff member accurately described a least restrictive option regarding one person's behaviour. This was recorded in their care plan.

# 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

- People were treated with respect by kind and caring staff.
- We observed people being greeted and acknowledged by staff using friendly interactions.
- Staff were gentle and kind when talking to people and guiding them to undertake tasks such as hand washing, eating or going to their room to get dressed.
- Staff knew people very well and used affectionate terms to address them which people responded well to. Staff knew things people liked to do and used these effectively when needing to distract people from other tasks.
- The home had a family home atmosphere and people appeared to be happy, relaxed and calm.
- Staff spoke highly of their job and how much they enjoyed working there and supporting people. There was genuine affection for people and a desire to ensure they had a good quality of life.
- The registered manager had introduced a male staff member to the home to support a male resident and to mix up the balance of gender to promote equality.

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

- People were supported to express their views and choices.
- People were asked their opinions regularly, what they would like to do next, what they would like to eat and where they would like to go. We heard people being offered choices throughout the day.
- People's care plans detailed things they liked and things they disliked. Family members had helped to provide this information. However, people had lived at 39 Hawthorne Grove for many years and staff had built up their own information on what had worked and what hadn't worked for people. These details were incorporated into people's care plans. Staff and people had built trusting relationships and familiarity.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted.
- We heard dignified interactions between staff and people, for example when they needed to change their clothes or use the toilet.
- People had access to all parts of the home and freely moved around from room to room when they wanted to. They were always spoken to and acknowledged by staff.
- People were encouraged to undertake some homely tasks such as baking or laundry or making their beds with support from staff.
- We received very good, positive feedback from people's relatives, advocates and professionals who visited

the service regularly.

- Care plans were written using person centred language, kind and compassionate wording with a clear understanding of how to interpret people's behaviours.
- Personal records were kept secure and confidential with only authorised staff able to access them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care and support needs were recorded in person-centred care plans which were reviewed regularly.
- People, their families or representatives were involved in reviews. Care plans were updated when changes in their circumstances changed.

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.

- The service was fully compliant with the AIS. People's communication needs and methods had been assessed and recorded in their communication care plan. Documents and information was available in an easy read picture format, to help people make decisions and understand.

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

- People were supported to maintain relationships and have social contact.
- Relatives were welcome to visit at any time. People accessed the local community, walking, shopping, attending clubs and events, with the support of staff.
- People had an individual activity plan for the week broken up into three parts of the day. The registered manager was planning to re-introduce short holidays and outings following feedback from staff and relatives.
- The registered manager was also trialling new events and get togethers within the group of local homes to keep people sociable and promote friendships.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was also available in easy read format. The service had not received any complaints.

End of life care and support

- No-one was receiving end of life care at the time of our inspection.
- The service had a procedure in place should this event arise. People's care plans contained, 'My last wishes' and 'My end of life book'; which contained details of funeral wishes and where people wanted to be

to receive care at the end of their lives.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- There was a registered manager in post who was also registered to manage two other homes in the local area. Since their arrival, they had made significant improvements to the running of the home, the communication between management and staff and the quality of care for people.
- The registered manager was passionate about focussing on the individual and providing person centred support. This was fed down to the whole staff group who had embraced this style of support and gave us very positive feedback about the changes. One professional told us that staff had a renewed passion for the jobs. Another told us the registered manager had the view that 39 was the people's home and they, as staff, were guests.
- The registered manager was keen to express that they encouraged interaction and ideas from staff and wanted to provide an open and transparent service. This was welcomed by staff which they told us made them feel more inclusive and part of the service as a whole.
- Staff told us things had improved, changed for the better and they were happy in their work.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was fully aware of their responsibilities under the duty of candour.

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

- Staff roles were clear and the management structures in place had led to more stability. The registered manager had done a lot of work around staff learning styles to help them improve knowledge and practice. We had good feedback from staff regarding the open-ness and support structures in place.
- Systems were in place to monitor quality and make improvements where needed.
- Audits were carried out regularly at differing levels of management. The providers consolidated action and improvement plan pulled together quarterly audit action plans, operation manager audits, visit forms, internal quality and compliance audit and action plans. There was good oversight from senior management about how the service was operating.

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

#### characteristics

- The service sought feedback from people, relatives and staff. There was an annual service review questionnaire, a monthly communication to staff in team meetings of any policy or procedure changes, managers meetings, staff meetings and house meetings. A weekly update from the provider's intranet and a separate page for updates on the current coronavirus pandemic.

#### Working in partnership with others

- The registered manager was part of Wiltshire Council's 'aspiring managers' scheme. They told us, "I am a new manager myself of three services, I am going through this and have something to give back to other new managers."
- They worked in partnership with local health and social care professionals as well as skills for care, manager forums and the local autism hub.