

Voyage 1 Limited

# Titchfield Lodge

## 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: Titchfield Lodge is a care home for people with learning disabilities and autistic spectrum conditions. At the time of our inspection there were four people using the service.

People's experience of using this service:

- People using the service experienced positive outcomes. Care was designed to meet their needs and support people to develop their independence. Staff were able to provide positive behavioural support to reduce the risks from behaviour which may challenge by de-escalating situations and maintaining routines which were important to people. People were supported to develop their independence and to improve their health and community involvement.
- The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- The provider followed safe recruitment processes. Staffing levels were planned to meet people's needs. Sufficient staffing levels were in place to ensure people's needs were met at all times.
- We observed positive interactions between people using the service and staff. Staff were able to communicate effectively with people using a range of tools. People's plans were reviewed regularly to make sure their needs and goals were met. The provider worked closely with the local authority and health teams in order to meet people's needs and manage risks to their health and wellbeing. The provider assessed people's ability to make particular decisions and met legal requirements to act in people's best interests when they were not able to do so.
- The registered manager had systems in place to ensure good communication, to develop staff skills and knowledge and to ensure the service remained of a good standard. There were systems to learn from incidents and from people and the service was open about when things had gone wrong. People were safeguarded from abuse and improper treatment. People's medicines were safely managed with appropriate oversight and measures to prevent over-medication.
- Feedback from healthcare professionals and relatives was positive.

Rating at last inspection: At our last inspection we rated the service 'good'. At this inspection we found the provider remained 'good'.

Why we inspected: This was a planned and comprehensive routine inspection.

Follow up: The service has been rated 'good. We will continue to monitor the service and will carry out another comprehensive inspection within 30 months of this report.

## 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 remained Safe.

Please see our findings detailed below.

**Good** ●

### **Is the service effective?**

The service remains Effective.

Please see our findings detailed below.

**Good** ●

### **Is the service caring?**

The service remains Caring.

Please see our findings detailed below.

**Good** ●

### **Is the service responsive?**

The service remains Responsive.

Please see our findings detailed below.

**Good** ●

### **Is the service well-led?**

The service remains well-led.

Please see our findings detailed below.

**Good** ●

# Titchfield Lodge

## 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 was carried out by one inspector.

#### Service and service type:

Titchfield Lodge is a care home. People in care homes received accommodation and 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 who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced. This is because we needed to be sure people and staff were available to provide us with feedback.

#### What we did:

##### Before the inspection:

- We reviewed information we held about the service, such as notifications of significant events that the provider is required to tell us about .

##### During the inspection:

- We reviewed records of care, support and medicines management for three people.
- We looked at records relating to the management of the service such as training, rotas and team meetings.
- Due to the conditions and disabilities of people using the service people were not always able to give an account of their experiences of care. We carried out observations of people's support and interactions with

support workers. We also obtained feedback from people's families.

- We spoke with the registered manager, a senior support worker and three support workers.
- We looked at records of supervision for three support workers and records of recruitment for three staff members.

After the inspection:

- We sent questionnaires to six members of staff and five relatives. We also obtained feedback from two healthcare professionals.

# 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

- The provider had a suitable safeguarding policy and staff received training which reflected this.
- People's family members told us they thought the service was safe. A healthcare professional said, "I have confidence the staff follow accurate risk assessments".
- Staff were clear about what they needed to do in the event of suspecting any safeguarding concerns. They were confident that registered manager would take their concerns seriously.
- Where abuse was suspected managers worked with the local authority to investigate this and to safeguard people from further risk.
- People were protected from financial abuse and loss as there were good systems for recording and checking transactions. These were checked regularly by support workers, the registered manager and senior management during quality audit reviews.

Assessing risk, safety monitoring and management

- The registered manager had completed detailed risk management plans for each person's day to day living skills and for activities. One member of staff said, "On Fridays he goes on a boat trip and that's been risk assessed. We make sure his routine is kept the same" and " We have a sensory risk assessment in place".
- There were clear actions for support workers on how to react to an incident without escalating it and how to avoid likely triggers for behaviour which may challenge. Staff were required to read and sign these plans .
- Plans were also clear about the benefits of carrying out activities which encouraged positive risk taking. For example, although there were risks associated with people accessing the community, risk assessments highlighted the benefits of social inclusion and exercise.
- The provider had a schedule for regular health and safety checks, including those relating to fire safety and checks of the premises.

Staffing and recruitment

- Support workers were recruited in line with safe recruitment processes. This included obtaining identification, proof of the right to work in the UK and where relevant evidence of satisfactory conduct in past employment. The registered manager told us they were continuing to recruit new staff and had identified skills and roles they needed to recruit to, based on people's needs.
- There were sufficient staffing levels planned to meet people's needs safely. People using the service had high support needs and were often supported one-to-one when in the community. A member of staff said, "There is also hydro therapy on a Wednesday. Two staff and two residents [people] go".
- The registered manager responded effectively to staffing issues. They showed us documents which showed significant staff sickness and absence during a particular period of time. We could see the registered manager and permanent staff had worked extremely hard to ensure people's care was not impacted upon. The registered manager said, "We worked so well together that week. We didn't have one challenging behaviour so that shows how well we done".

### Using medicines safely

- Medicines were managed safely. Support workers received training in administering medicines and did not administer medicines before their competency was assessed.
- There was a clear process for administration and recording medicines, including the ordering of people's medicines. There were also guidelines in place for medicines which were given 'as needed'. These are also known as PRN medicines. Guidelines included information on when these should be given and what precautions should be observed.
- People's medicines were reviewed regularly by health professionals, with consideration given to how to prevent people being over medicated.

### Preventing and controlling infection

- There were suitable measures to control infection. Staff had received infection control training and told us they had access to personal protective equipment.
- Risk assessments covered how people could be supported to maintain their continence and ensure that they were protected from cross infection risks.
- We saw good food hygiene was maintained, including the safe storage of food and regular checks of fridge temperatures.

### Learning lessons when things go wrong

- The provider followed processes for reviewing and learning from incidents. Managers investigated when serious incidents had occurred and reported these to the provider.
- Support workers had the opportunity to have a debrief with managers following incidents and had identified how similar incidents could be prevented in future. Risk assessments and procedures were reviewed because of this. Staff members we spoke with had a good understanding of the causes of incidents and how they had learned from these.



# 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

- Before people used the service, the provider carried out detailed assessments of people's needs with input from the person, their family members and other professionals involved in their care.
- Assessments of people's needs included cultural and religious factors, the support people needed with personal care and needs relating to their behaviour and personality. The provider assessed what decisions needed to be taken about people's placements and whether this was compatible with the law.
- Managers discussed the Care Quality Commission's (CQC) key lines of enquiry with support staff in supervision and team meetings and gave people the opportunity to reflect on how they were meeting standards.

Staff support: induction, training, skills and experience

- The provider had systems to ensure that support staff received regular mandatory trainings. These included equality and diversity, infection control, manual handling and food hygiene. Support workers and managers received training specific to meeting the needs of people using the service, including autism awareness, Makaton and epilepsy. The manager showed us the IT system they used to monitor and schedule staff training. This was an effective system in recognising developmental opportunities for staff.
- New staff members received a detailed induction when they joined the service. This included health and safety policies and a detailed introduction to each person's needs and routines. New support workers were subject to a probationary period with regular review of their progress and recommendations for further action. A staff member told us "I have had an enjoyable time since joining the team and I feel the training is really helping me". Support workers told us they received sufficient training to carry out their roles and could always request more.
- The provider delivered specialist training in The Management of Actual or Potential Aggression (MAPA) This is an approach for supporting adults with behaviour which may challenge which is promoted and accredited by the British Institute of Learning Disabilities (BILD).
- Support workers received regular supervision from the registered manager. These included reviewing previous action plans, the staff member's current role and performance and agreeing an action plan to meet current development needs. At the time of our inspection one member of staff was participating in training which was part of their objectives.
- All staff had had a yearly appraisal. This included areas where performance had developed and areas for development and any training that would be required in near future.

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

- People using the service had pictorial menu plans to help them make choices about their food and had restricted access to the kitchen due the risks associated with kitchen utensils, cutlery and appliances. A

member of staff said, "I will show [person] three different types of cereal and they push the box they want".

- Staff told us of the work they had done to encourage people to make healthy choices, whilst recognising how the lack of certain preferred foods could be a trigger to behaviour which could challenge. There were clear guidelines on how to offer preferences and encourage healthy food for particular meals.

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

- The provider used a multi-disciplinary approach to plan and review people's care. This included working with the local learning disability team, psychology and psychiatry.
- People's risk management plans were reviewed by the multi-disciplinary team and the provider had acted on feedback to improve these.

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

- The design and layout of the building was appropriate for the needs of the people who lived there and the communal areas had a homely feel.
- People's rooms were personalised and contained items important to them.
- The garden area was accessible and provided an area for sensory stimulation.

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

- People were supported to access health care in a timely manner. This included recording the support people had received to attend appointments and what needed to happen as a result.
- Relatives told us they thought the service supported people to improve their health and gave examples of how they had done so. One relative said, "They have taken him to the see the GP many times".
- People had health action plans which described their current health needs and ensured that they received regular check-ups from the right professionals. There was accessible information for people on how to maintain oral health and people's weights were checked regularly.

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.

- Staff had received training in the MCA and were aware of their responsibilities.
- People were often deprived of their liberty and subject to continual supervision in their best interests. Where this was the case the provider had met their requirement to apply to the local authority in line with DoLS.
- The provider assessed people's capacity to make specific decisions and met with people's families and other professionals to decide how to work in people's best interests.

# 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; respecting equality and diversity

- Relatives of people using the service told us they thought support workers were kind and caring. Comments included "They are so kind natured" and "The staff are very patient when it comes to supporting people with challenging behaviour".
- We observed respectful and positive interactions between people who used the service and the staff team. People were confident approaching care workers and managers for advice, support and reassurance.
- People's care plans included information about any cultural or spiritual needs.
- Staff received training and understood the importance of the Equalities Act 2010.

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

- Support workers demonstrated good awareness of the need to ensure people could express themselves and how this reduced the risks to people's wellbeing. One member of staff said, "It's really important people feel in control, otherwise that's when behaviours start and people get upset".
- We saw examples of staff using good communication with people, including Makaton, pictures and objects of reference. Staff understood how people used Makaton.
- People had clear communication plans to explain to staff how they preferred to communicate.
- Support workers demonstrated a good understanding of what was important to people and how their routines could be maintained. We observed support staff communicating changes to people's routines effectively without causing the person distress and offering alternative plans and ensuring the change was agreeable to the person.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to maintain people's privacy and dignity. One staff member said, "If we do personal care we ask for permission first. We always speak with the person to distract them from what we are doing so they feel comfortable".
- Relatives told us staff treated them as individuals and expressed no concerns about their privacy and dignity needs not being met.

## 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's care plans were clear about how best to support them with personal care in a way which met their cultural needs and their gender preferences for care workers. These were reviewed regularly in person-centred reviews, which included recording what was going well for the person and what needed to change.
- People took part in activities which suited their interests and preferences. People using the service had a good understanding of these and knew when activities were scheduled. These included swimming, hydro therapy, boat trips and picnics. People were able to access sensory activities at any point. One person regularly used the piano to relax or express their feelings.
- People sometimes had behaviour which could challenge the staff team and other people who lived there.
- Staff received appropriate training in how to manage this, and there were positive behavioural support plans in place for people, which were written with the support of professionals. These were written with reference to the nationally recognised strategies that the staff team had received training in. The provider had a specialist team to help staff teams devise strategies to support people effectively.
- Causes of people's behaviour were well understood and the staff team continued to devise strategies to prevent a recurrence. For example, it was noted in one person's care plan they did not like meeting new people at short notice. Staff were very aware of this and so new staff were introduced in a considered and patient way.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy available which was also written and developed in easy read version.
- Family members told us that they knew how to make complaints and were confident raising concerns with the registered manager. A family member gave us examples of when they had raised minor concerns and how the staff team had acted on these.
- Where a family member had raised a concern, the registered manager had recorded the concerns, and had taken appropriate action as a result.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- The provider had suitable arrangements in place should someone need end of life care.
- The registered manager provided us with an example that demonstrated staff were knowledgeable and competent to deliver safe and compassionate end of life care.
- People had their end of life wishes and preferences documented in their care plans.

# 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was meeting their responsibility to display the ratings of the previous inspection and to notify the Care Quality Commission when serious incidents had occurred. Relatives told us they were informed promptly of serious incidents.
- Staff told us they felt well supported by the registered manager. Comments included "I love having him as my manager, he sorts issues out and I do find him approachable" and "Yes I think he is good at his job because he knows what he is talking about".

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

- The registered manager carried out audits of the service, including those relating to health and safety. In addition, the provider carried out regular governance checks to monitor the quality of care provided. Action plans were developed and monitored to ensure improvement was made.
- There was a clear process for communication between staff handover, including making sure that finances and medicines were checked and that appointments and tasks were communicated between shifts, as well as communicating people's days and plans in detail.

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

- Relatives told us that the service engaged well with them. This included keeping them informed when a person was unwell or when a serious incident occurred.
- Relatives were also invited to complete quality assurance forms to give their views of the service. This included checking whether they were made to feel welcome, whether they thought staff were compassionate and caring and whether they knew how to complain about the service.
- People using the service were also given the opportunity to complete similar forms with the support of staff, but it was not always clear that these were people's views rather than those of the support team.

Continuous learning and improving care

- The staff team had regular team meetings. These were used to identify areas for improvement, including feedback from the team on what was working well and what was needed to improve.
- Staff told us team meetings were useful in developing the service. A member of staff said, "We are a pretty close team and there are some new staff, so its good we have the chance to speak about any issues".

#### Working in partnership with others

- The staff team took a multi-disciplinary approach to improving people's care. This included how they managed people's health needs, risks to people's wellbeing and promoted more varied activities and community inclusion.
- Staff told us they felt well supported by their colleagues. Comments from staff included, "I have asked other staff for help and they have given it to me" and "I like the team, we work together well when we take people out in the community".