

Voyage 1 Limited

20 Towngate East

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

20 Towngate East is a residential care home providing personal and nursing care for up to eight people living with a learning disability. At the time of the inspection there were eight people living at the service.

20 Towngate East is an adapted house. People living have their own room and access to a range of shared facilities, including a large garden area.

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.

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

People were treated with kindness and compassion. There was a happy family atmosphere, people and staff cared about each other and enjoyed spending time together.

Systems were in place to ensure people were protected from abuse and to investigate any concerns. Risks linked to people's care were assessed and monitored. People received care from staff who knew them well and had relevant experience.

People were supported appropriately with their medicines and care was based on an assessment of their needs and their choices. People were supported to regularly access health care service to maintain their wellbeing. Sufficient home cooked food and refreshments were provided.

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

A range of activities, outings and holidays were arranged for people to enjoy. The service had a large garden area which would benefit from further update. We have made a recommendation regarding this. Staff had received suitable training and felt supported.

The service had regard for 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 broadly 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 opportunities to gain new skills and become more independent.

Appropriate quality checks and audits were undertaken.

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 (published 22 March 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.

20 Towngate East

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

The inspection was carried out by one inspector.

Service and service type

20 Towngate East is a 'care service'. People in care services receive accommodation and nursing or personal care as single packages under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This was an unannounced inspection.

What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with everyone living at the service, but most had limited communication. We contacted six family members. We spoke with seven members of staff including the registered manager. We also had communication with a physiotherapist and visiting Yoga teacher.

We reviewed a range of records. This included three people's care records and eight medication records. We

looked at two 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- The provider had systems to investigate and deal with any concerns regarding the safeguarding of vulnerable adults. Any concerns were recorded, and reviewed by the registered manager.
- Staff had received training in safeguarding people and knew how to report any concerns.

Assessing risk, safety monitoring and management

- The safety of the environment and equipment was monitored. Copies of safety certificates for areas such as electricity and fire safety were available. The registered manager confirmed all checks were in place and up to date.
- Any risks related to people's care were in place and regularly reviewed.

Staffing and recruitment

- There were enough regular staff in place to care for people.
- Safe recruitment processes continued to be followed, including requesting references and undertaking disclosure and barring checks.

Using medicines safely

- Medicines were managed safely. Checks were carried out to ensure enough stocks were available. Medicines had been administered, stored and disposed of appropriately. We did find one or two recording issues which we discussed in feedback with the registered manager who said she would address immediately.
- Thickeners were not kept in secure storage. Thickeners are usually powders added to foods and liquids to bring them to the right consistency/texture for people with swallowing difficulties. The registered manager addressed this immediately, and we confirmed no one had come to any harm.

Preventing and controlling infection

- People were protected from the risk of infection. The environment was clean and tidy.
- Staff had completed infection control and food hygiene training. They followed safe infection control procedures, including the use of gloves and aprons when required.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. The registered manager was in the process of reviewing the analysis of these to ensure no trends were missed. Any issues identified were addressed and lessons learnt were discussed with staff.

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 has 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

- There was evidence in care files that people's care needs had been assessed and that care and support was delivered in line with people's needs, wishes and personal preferences.

Staff support: induction, training, skills and experience

- Staff received a suitable induction based on the Care Certificate. Staff had time to read care and support plans and get to know people.
- Staff received a range of suitable training. When questioned, one staff member could not remember how to fully undertake CPR (cardio pulmonary resuscitation). The registered manager said they would incorporate this into a team meeting or other event for all staff.
- Staff were supported and received regular supervision and an annual appraisal.

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

- People were supported to maintain a healthy diet, whilst also having regard for personal choice. Meals in the service were home cooked and some people helped with the preparation.
- Where necessary people's dietary intake and weight were monitored and managed.

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

- There was evidence in people's care records staff worked collaboratively. Health care professionals confirmed staff worked well with them.

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

- The service had been adapted over time to meet the needs of the people living there. Decoration and refurbishment plans were ongoing.
- Some parts of the garden area needed attention and developed to make the area more accessible. We spoke with the registered manager about this and she later confirmed that work was to start imminently on accessible walkways.

We recommend that garden areas are fully developed to meet people's needs.

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

- People were supported to access a range of other health and social care services. Staff were able to describe how they supported people to maintain their wellbeing.

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 services, 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 working within the principles of the MCA. Consent to care was sought in line with legal requirements.
- A range of best interests' decisions had been made in relation to care and support.

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 supported by staff who had a good understanding of their care needs, personalities and preferences.
- People looked happy and appeared well cared for.
- Staff were aware of issues regarding equality and diversity and actively supported people in maintaining their rights. People were encouraged to dress in ways that reflected their preferences and personalities.
- Local businesses were supportive of people living at the service.

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

- People were supported to make decisions and express their views on a day to day basis.
- Families were involved in care and support decisions and care reviews.
- Advocates were involved with people when necessary. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were supported and encouraged. People had their own rooms and facilities and they could spend time alone if they wished.
- Staff encouraged and promoted independence and were able to give some examples of how people's skills had been developed over time. Support plans recorded what aspects of care people could manage independently and what they needed support with.

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

- Care and support plans were person centred, very detailed and had been regularly reviewed. We did find a couple of minor recording issues, which we discussed with the registered manager who said she would address these. Staff had opportunities to read these documents to support them in caring for people in an individual way.
- During the inspection we observed staff supporting people exactly following the process laid out in their care and support plan.

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.

- Staff were aware of people's individual communication needs and how they liked to receive information or be aware of their surroundings.
- There was easy read information available within the service. One person had the use of an electronic talking device to communicate with staff. This was in the process of being upgraded.
- For people who were sight impaired, staff verbally described exactly what they were doing while they were supporting them with a range of care and support needs.

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 access the local community and participate in a wide range of activities, which included holidays. One person confirmed they had been on holiday and indicated they had enjoyed it.
- Relatives told us that their family members were encouraged to maintain contact with them and visit when possible.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The four complaints received had been addressed appropriately.

End of life care and support

- At the time of the inspection there was no one living at the service who was receiving end of life care. People's end of life wishes had not been fully recorded. We discussed this with the registered manager who said she would address this.

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

- Management and staff were open and honest and created a positive environment for people to live in.
- Staff spoke enthusiastically about trying to deliver care that was person centred. The registered manager wanted to ensure people's experience of care was positive and that they could live the best life they were able. Staff were positive about the support from management.

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 aware of their obligations under the duty of candour. There had not been any recent incidents at the service that required the provider to act on this duty.
- Relatives confirmed staff were open and transparent with them.

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

- A range of audits and checks were carried out to monitor quality.
- The service was displaying the current quality rating for the service both within the service and on their website.

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

- There was evidence of staff meetings and meetings involving people who lived at the service.
- Staff said they could raise issues in staff meetings and could also approach the registered manager if they had any issues or concerns.
- Surveys and reviews had taken place to obtain feedback from people and their relatives. Action was taken if any issues were raised.

Continuous learning and improving care

- There was some evidence of continuous learning within the service. Staff had been designated as a 'champion' in a particular area of care, for example medicines and they rolled out any best practice to other staff. The registered manager was considering embedding an autism champion within the service to further improve this area.

Working in partnership with others

- There was evidence in people's care and support plans that staff worked with a range of other agencies to develop plans that supported people living at the service.
- The local community was involved with the service, including being invited to some events held within the service.