

Voyage 1 Limited

Bewick House

Inspection report

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Date of inspection visit:
17 May 2017

Date of publication:
11 July 2017

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 17 May 2017. The inspection was unannounced.

Bewick House is a residential support home based in Darlington. The home provides personal support for people with learning disabilities who also experience mental ill health. It is situated close to the local amenities and transport links. The service is registered to provide support to six people and on the day of our inspection there were six people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in January 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' overall. The atmosphere of the home was vibrant, homely, warm and welcoming. People who used the service were relaxed in their home environment and visitors offered praise of the service and were always welcomed.

Without exception people were empowered on a daily basis to have choice and control over their lives from being supported by person centred approaches. Person centred is when the person is central to their support and their preferences are respected.

The home was extremely person centred, inclusive and was underpinned by a genuine desire to offer a quality personalised service.

Visiting professionals offered praise of the service and especially the person centred values and support offered to people.

People were empowered to forward plan goals and to achieve them to improve their quality of life.

We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff being respectful, considerate and communicating exceptionally well with people well.

Support plans were developed in partnership with people and not for people and these set out exactly how people liked to be supported and what goals they wanted to achieve.

People's support plans were written in plain english and reflected the person centred values of the home. They included targets that people wanted to achieve and a 'one page profile' that made use of, personal history and described individual's support needs. These were regularly reviewed; and people were always at the centre of the process.

People were encouraged to have their say and get involved in engagement opportunities with advocacy organisations on wider issues such as the 'transforming care agenda' that is tailoring services in the

community for people who are currently in long stay hospital and treatment centres across the UK.

People were supported to play an active role within their local community by making regular use of local resources, clubs and amenities.

People were equal partners and fully involved in all aspects of the staff recruitment process. People influenced how the home was run by voicing their opinions regularly and these were acted upon.

Support plans contained person centred risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm to enable them to do the things they wanted to live their lives fully. The support plans we viewed also showed us that people's health was monitored and referrals were made to other health support professionals where necessary, for example: their GP, community nurse or optician.

People were enhancing their wellbeing on a daily basis by taking part in flexible person centred activities both at home and within the local community. Activities encouraged and maximised people's independence and impacted positively on people's lives.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. The home was truly reflective of what people liked and people were in control of this and chose daily what they would like to eat and were involved in shopping and preparing food.

An accessible complaints and compliments procedure was in place. Providing various ways for people to access information on what to do if someone wished to make a complaint and what they should expect to happen next.

The compliments that we looked at were praising the support staff, management and the service as a whole.

People had their rights respected and regular access to advocacy services.

People were supported to maintain their independence with dedicated one to one support.

People were supported to be active in their chosen religion both at home and in the community.

Without exception support staff told us they felt extremely supported to carry out their role and to develop further and that the registered manager led by example, was person centred focussed, supportive and always approachable.

Throughout the inspection we saw that people who used the service and staff were very comfortable, relaxed and had an extremely positive rapport with the registered manager and also with each other. Our observations during the inspection showed us that people who used the service were supported by sufficient numbers of staff to meet their individual needs on a one to one basis in a person centred way.

When we looked at the staff training records, they showed us staff were supported and able to maintain and develop their skills through training, and development opportunities were accessible at this service. The staff we spoke with confirmed they attended a range of valuable learning opportunities. They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their support practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

Medicines were stored, managed and administered safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicines and how this was monitored.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views about the support and service they received at meetings and via surveys.

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 ●

This service remains safe.

Is the service effective?

Good ●

This service remains effective.

Is the service caring?

Good ●

This service remains caring.

Is the service responsive?

Outstanding ☆

This service is very responsive.

People received person centred support that impacted on their daily lives positively.

People were supported to set personal goals and support plans were in place to help achieve them.

People were equal partners in the recruitment of staff process.

The complaints and compliments procedure was fully inclusive for people to access.

People's wellbeing was enhanced by being supported to take part in activities of their choice.

People were supported to take part in regional consultation.

Is the service well-led?

Good ●

This service remains well led.

Bewick House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 May 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one Adult Social Care inspector.

At the inspection we spoke with three people who used the service, two visitors, the registered manager, three support staff and two visiting professionals.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social support services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including; three staff recruitment files, medication records, safety certificates, three support plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Is the service safe?

Our findings

People who used the service who we spoke with told us they felt safe living at their home and that there was enough staff to meet their needs safely. People told us; "Yes I am safe." And "The staff help me with my tablets, they give me them."

Support plans included individualised risk assessments to enable people to take risks in a safe way as part of everyday living. One person had a push bike and had plans in place to mitigate any potential risks.

We saw that staff were not rushed and there was enough to support people on a one to one basis and to take part in activities of their choice.

We saw from rotas that there was a consistent staff team and a low turnover of staff. The home did not use agency staff. The registered manager told us; "We don't need to use agency staff we cover with our own staff."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. We saw that safeguarding was discussed regularly at team meetings.

Training records showed staff had received safeguarding training. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. This showed us that staff knew how to recognise and report abuse.

We looked at three staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

We saw that systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

We saw people's individual medicines records contained their photograph, allergy information. Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly. We saw that staff administering medicines had received training and had their ability to administer medicines assessed.

There were effective systems in place for continually monitoring the safety of the home. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment was checked regularly to ensure they were working safely.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. These were also sent off to the regional office for further analysis. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, people who used the service and visitors we spoke with felt that staff knew them and their support needs well. One person told us; "I like the staff" and one visitor told us "The staff know the people really well."

When we spoke with the visiting advocate they told us; "The staff support people in their best interests and there's a lot of work goes in to the one to one support and they know people really well."

People were supported by trained staff and we saw the list of the range of training opportunities taken up by the staff team to reflect people's needs. Each staff member had their own training list that the registered manager monitored. Courses included; Safeguarding, Epilepsy awareness, mental health and MAPA (Management of actual or potential aggression). One member of staff told us; "The training opportunities here are fantastic and there are prospects for more. I have just done MAPA, mental health and report writing."

Supervisions and appraisal took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development. One staff member told us; "We are asked at each supervision if there is any further training we want to do."

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed an induction programme.

People were supported to choose and help prepare their meals. We could see that there was enough staff available to support people. People were encouraged to maintain a healthy lifestyle and were supported to make healthy food choices. Some people who used the service were supported to set themselves targets to improve their health through healthy eating and regular exercise. One person showed us their healthy eating plan that they were working towards. One member of staff told us; "It is great when they notice their clothes are not as tight and they feel better and can't wait to tell us."

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 support and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in support homes and hospitals are 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 were being met. There were a number of people who used the service with a DoLS in place and these were applied for and monitored by the registered manager.

People were asked to give their consent to support, before any was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

Is the service caring?

Our findings

We spoke with the people who used the service and visitors and they told us that they felt staff were caring. One person who used the service told us; "I like the staff, I like living here with all my friends, the staff help me to keep my room tidy." One visitor told us; "The staff always make us welcome and are very kind." Another told us; "The staff are always very pleasant and people seem really well cared for. People always offer us a cup of tea when we visit and the staff support people to make it."

People's independence was promoted and we observed staff offering support to people and encouraging them to be independent for example when supporting them to look after their pet rabbit by giving them the responsibility and not doing everything for them. When we asked staff how they supported people to be independent they gave us many examples and one staff member told us; "We help people to have more control in their lives." And another told us; "[name] wanted to be more independent in the kitchen but lacked some confidence because they had never been given a chance. Now they are asking to join in all the time and are a great cook."

People were supported by an advocate where necessary. We were able to speak with a visiting advocate who told us; "We attend people's reviews and best interest meetings and this home is lovely, the staff are great." And "The staff here really do empower people they gave [name] my number to call me to ask me to come and they did. I like that it shows that the staff encourage people to be independent." This meant that people were supported to maintain their rights and choices.

People were encouraged and supported to make choices every day in all aspects of daily living. For example people chose what activities they wanted to do each day and also chose on the day what they wanted to wear, what they wanted to eat, where they wanted to go shopping and what they wanted to go and buy.

We looked at the arrangements in place to ensure equality and diversity and support for people in maintaining important relationships. The registered manager told us how they had done lots of work in this area to support people to make links with relatives and how they supported people to maintain those important relationships. The registered manager told us; "[name] lost touch with their daughter and we managed to get them back in touch with each other. We support them to make regular telephone contact now."

People were supported to be active in their chosen religion. During our inspection we observed one person being supported to do this. As well as being supported regularly to visit their place of worship they had regular visitors who supported them to be active in their religion while at home.

The registered manager told us how they had discovered that one person as a young child practiced a particular religion and had over time lost this connection. The registered manager and the support staff had worked together with the person and the local place of worship to gradually build this up again and they were now active. When we spoke with the person they showed us the songs they remembered as a child and how they were happy and could sing them again now. The person showed us their iPad that they used to follow their religion at any time. Staff supported them to download apps and songs and stories so they could follow them independently.

People's privacy and dignity was respected staff were discreet and knocked on people's doors before entering and personal conversations took place privately.

Is the service responsive?

Our findings

People were supported by a provider who has worked passionately to improve outcomes for them to ensure that support was delivered in an exceptionally person centred way.

When we spoke with a member of the social work team who regularly visited the home they told us how they felt the service used person centred approaches in an extremely effective way to improve people's lives and they give us examples. They told us; "It's the control the people have over their own lives now, as before living here they had very little or none. They are now able to live their lives exactly how they want to and live safely. That is from the approach from the staff, it is always consistent, person centred and professional."

Without exception people were supported in a person centred way, one member of staff told us; "I love working here the main thing is we are all so passionate about being person centred" and "The main thing people have is much more choice and control in their lives because we have the one to one time with people." And another told us; "We definitely are person centred, it's not all one mould fits all here."

People's lives were improved by exceptional person centred approaches. We saw examples of how people had improved outcomes. One staff member told us; "When [name] first came to us their social worker told us that they had never learned any of the staff names in their previous homes because they never wanted to stay. Now from working with them they know all our names and we know they tell us they now feel part of a family and feel at home. It is the best thing." Their social worker told us; "[Name] now feels secure from the consistent approach, they now trust the staff and engage in activities, their reviews and other services for support like psychotherapy, they would never do that before. [Name] used to ring me and at times be very distressed, they would call to raise concerns but now they only call me to 'check in' and tell me about what good things are happening." This meant that the service had enabled the person to build up trust and confidence in them to improve their quality of life.

One person had significantly improved their wellbeing by regularly exercising. They previously wouldn't engage in their personal care or ever take part in any activities. One member of staff told us; "[name] lived a very sedentary lifestyle and this impacted hugely on their wellbeing, they told us they wanted to feel better but didn't know how or where to start. So we helped them over time by encouraging them slowly to do little walks, as that is all they wanted to do. But now they are asking to go out all the time for walks and longer ones and they really enjoy this." We spoke with the person's social worker and they had praised how the service had supported them to find what worked for them, they told us; "[name] now takes pride in their appearance and loves to look nice, whereas before they wouldn't want to get dressed, now they run their own bubble bath and love getting dressed up." This meant that the service had a direct impact on improving the person's wellbeing through a person centred approach.

People were supported to have aspirations and think big, one person who wanted to ride a bike was supported to do this. Staff went the extra mile to plan this with the person, helped them choose a suitable bike and supported them regularly to go off road to safe places and ride it. Even though it was difficult for them to ride, the service put everything they could in place to make sure it could happen for them and in

doing so supported their dreams and aspirations. The person proudly showed us photos and told us; "I like my bike, I have a blue helmet."

People were supported by 'key workers' who they chose themselves. A key worker is a staff member assigned to the person help with their support plan and make connections with their family, friends and other professionals involved in their support. People met up with their key workers for a one to one on a regular basis to carry out their care plan review. The review was structured in a person centred way and covered; what is working well and what's not working.

Support plans were developed in partnership with the person and were a very accurate reflection of their personalities, likes, dislikes and choices. These gave a detailed insight into people's background and histories and included a one page profile for quick reference. When we spoke with people they told us how they met with their key worker to discuss their support plan. During the inspection we sat with this person and went through their plan with them and they were able to share and discuss parts with us. They told us; "We just have a chat about my plan. See if I want to change anything."

Support plans were reviewed regularly and were led by the people themselves with support from their key worker. The social worker we spoke with told us about their experience of the review process and how it was truly person centred. "I get an invite from the person, they will stand up at the meeting and tell me; what is working well, what they have achieved and what isn't working. They were not able to do this before living here." And "[Name] engages so much now, they are able to go through things and now have an insight into their own mental health condition and now can understand more." This meant that the service enabled people to be in control of their own review process.

People were empowered to set themselves goals and to achieve them. When we spoke with staff they confirmed that they always encouraged people to achieve their goals. Staff were able to give us many examples of this. One member of staff told us; "Seeing how people have improved and moved forward with their lives is the best thing." And another told us; "When [name] joined us they really wanted to have more control over their finances but didn't know how to go about it and had never done it before. We have supported them to have a bank card and access their own money. By learning those new skills we have helped to meet their goal." And "[name] wanted to attend college to do maths and English and we arranged this but the course wasn't the right level for them, instead of giving up we encouraged them to carry on and we approached the college who have arranged a more suitable course just for them and open it up so that others can attend too. So they can still achieve what they were aiming for." This meant that the service impacted very positively on people's lives by helping them set and achieve their goals.

People were equal partners in the staff recruitment process. People would have a meeting with the registered manager to discuss the candidates and take part in the shortlisting. They then decide what questions they would like to ask them and discuss what type of person they wanted and what they wanted them to support them with. People then took part in the interview and scoring process and then gave feedback to the candidates. One staff member told us; "My interview was positive, I got some great feedback from [name] who did mine." And the registered manager told us; "We use a one to four scoring system we go through general questions and the people ask some of their own. They have called the successful candidates to offer them the position. People are fully included." This meant that people were fully included in the process as equals.

People were supported on a daily basis to make choices that reflected their preferences in how they wished to spend their time. People took part in meaningful activities that were valued and chosen by them. People told us about the range of activities they enjoyed. One person told us; "I like to go to the theatre to see

shows. I like Queen." Another told us; "I like to go places for cups of tea." And another told us; "I like to go shopping." and "I like to do the garden. I choose what plants to put in."

People planned their activities on a daily basis by deciding what they would like to do that day. As well as daily activities, other planned events and regular activities took place. These Included; games, gardening, baking and crafts. One person was regularly supported to go and watch Middlesbrough football matches and had also been to watch England play. People were members of local social clubs and visited them regularly with their friends. One person told us; "The best time is when I go to the bingo with my friends." The registered manager told us; "Activities are always flexible. We support people to do what they want to do, when they want to do it." This meant that the service was responsive to people's wishes.

People were supported and encouraged with their hobbies. One person was supported to look after their pet rabbit and they showed us their rabbit, where they kept them and how they managed this themselves. The registered manager told us how the staff had supported the person in various voluntary roles in the community with animals.

The home held meetings for people and these were called house meetings and they took place regularly. These meetings had an action plan in place to sign off actions following the meetings and we saw that suggestions and requests made by people had been completed. Some examples included; changing days of shopping trips to daily to reflect the personalised daily food choices, changing activities, sharing housework and changes of key workers.

People were supported to make complaints or compliments if they wanted to. This was encouraged as part of the regular one to one keyworker meetings and as per of the house meetings and we saw evidence of this within the meeting minutes. We saw that within the activity room there was a notice board that displayed all the relevant information in an easy read format. The provider also promoted a have your say scheme called 'see something, say something' that had a dedicated phone line that could be done anonymously. The home also had a grumble book and a suggestion book for people to complete. The registered manager told us; "Every Keyworker meeting format covers complaints or compliments and we have our book that people call 'the does your head in book' where people can put small things in. We have had things like lost socks for example. We bring it up every day and we do this to let them know we are listening."

This showed us that the service had come up with several ways and opportunities for people to engage in the complaints procedure. This was well embedded in the service and staff and people were confident to use it when needed. When we looked at the complaints and compliments file we found that there were numerous compliments. Where the service had received complaints we saw they had been addressed by the registered manager appropriately and outcomes were recorded.

People were encouraged to take part in a regional consultation project called 'transforming care' which is about bringing people with learning disabilities from long stay hospitals and treatment centres to live fulfilling lives within the local community. The home had arranged a consultation meeting with an advocacy organisation that came to the home to collect everyone views. This meant that that people were given opportunities to take part in wider discussions regarding the future of services.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have.

The registered manager implemented a set of values within the home these were; Passion for care, passion for business, positive energy, freedom to succeed, creating trust and respect and valuing staff. This was reflected in the staff and their person centred approaches.

We asked the staff for their views on the management of the service and received numerous positive comments, one member of staff told us "The manager makes it here they definitely lead by example." Another told us, "The manager is perfect, brilliant, and very supportive." And "This place is as good as it is because of the manager and the way they run it."

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding the people who used the service. We saw that at a recent team meeting the registered manager had prepared a quiz for staff to take part in about safeguarding and DoLS to refresh their knowledge and understanding of key topics. We saw that issues regarding staff communication and mixed messaging had been addressed at a previous meeting and then discussed again as a follow up on progress made. One staff member we spoke with told us; "Straight away I was welcomed and made to feel part of the team here." This showed us that the staff responded well to management and valued team meetings.

The registered manager explained to us how they maintained links with the local community and made use of local amenities, resources and social clubs in the area, they told us; "We support people to access the local shops, hairdressers and pub. We are constantly maintaining a strong community presence."

The registered manager ran a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw quality monitoring visits were also carried out by the provider and these visits included the; staffing, health and safety and the building. The manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

During the inspection we saw the most recent quality assurance survey results. This was an annual survey that was completed by people who used the service, their relatives and stakeholders of the service. The

registered manager told us how they had developed an annual quality improvement plan from the survey results and told us; "We hold a coffee morning too we invite everyone along to discuss the plan."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.