

Voyage 1 Limited

# Derwent Cottages

## Inspection report

27 Eastgate  
Seamer  
Scarborough  
North Yorkshire  
YO12 4RB

Tel: 01723866146  
Website: [www.voyagecare.com](http://www.voyagecare.com)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection took place on 2 February 2017 and was announced. At the last inspection in July 2014, the service was rated Outstanding. At this inspection we found the service remained Outstanding.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

Derwent Cottages is a care home for four adults with a learning disability and/or autistic spectrum disorder. It is part of a group of services known as Voyage Care which is a UK wide organisation. The service is a family home over two floors. There is a lift to enable access to the first floor. Each person had their own bedroom and bathroom. There were four people living at the service at the time of the inspection.

Staff worked within the principles of the Mental Capacity Act in every aspect of their work with people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw that people were safe and a relative and professionals confirmed this. Staff had an excellent understanding of safeguarding and were aware of types of abuse and how to report incidents. They knew the people they supported extremely well which resulted in people feeling safe and behaving in a confident way around staff.

There were robust recruitment processes in place to assist the registered manager in making safe decisions about who they employed. Each person had one to one support. The registered manager chose to work two shifts a week which allowed them to maintain their relationship with people and to be able to supervise practice. They were usually supernumerary. This means they worked in addition to support staff.

Staff received a thorough induction when they started working at the service which gave them the skills and knowledge to care for people. This was based around the people who used the service. Staff then went on to complete further training relevant to their roles. They were supported through supervision and appraisal.

People's medicines were managed safely. Staff had received specialist training in order to be able to administer emergency medicines for certain health conditions.

Risks to people's health and safety had been identified and extremely detailed risk assessments and management plans were in place to guide staff. These were linked to well written and personalised care plans.

People's nutritional needs were identified and supported by staff. Where further input was required by

healthcare professionals the staff had requested referrals.

The environment supported people's needs and their personal space reflected their preferences and personalities. Specialist equipment was checked regularly to ensure it was safe. Regular servicing of equipment and checks of services such as gas, electric and water took place.

We saw that people mattered to staff and staff respected their privacy and dignity. People's preferences were taken account of when planning their care and they could choose how that care was delivered.

People's care plans were extremely detailed and reflected the person's needs exactly. Each area of the individual's life had been examined and detailed records made about the way in which they liked to spend their days. This included social interactions and activity. People had activities they took part in that were individual to them. Where they had friends or family they were supported to maintain those relationships in a meaningful way.

No complaints had been received at this service since the last inspection. Compliments reflected our findings.

The quality of the service was assessed regularly and improvements made. Where there were concerns these were discussed and a lessons learned approach taken

## 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 remains good.

### Is the service effective?

Outstanding ☆

The service remained outstanding.

### Is the service caring?

Outstanding ☆

The service remains outstanding.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Derwent Cottages

## 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 checked 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.

The inspection took place on 2 February 2017 and was announced. The inspection was carried out by one inspector. The provider was given 12 hours' notice because the service was a small care home for adults with a learning disability who are often out during the day; we needed to be sure someone would be in.

Prior to our inspection we checked all the information we held about the service including notifications which the provider had sent us. Statutory notifications tell us about specific events which occur at the service and about which the provider is legally required to inform us. In addition the provider had completed a Provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection.

On the day we inspected we spoke with one person who lived at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Two people were unable to verbally communicate and we observed how they communicated with care workers. We spoke with a relevant person's representative (RPR) who was visiting one person as well as four staff and the registered manager throughout the day. The RPR has an important role representing the relevant person and providing support that is independent of the providers of the services they are receiving.

We examined two people's care records during the inspection. These included risk assessments and medicine records. We also inspected five staff recruitment and training records, servicing and maintenance documents for equipment and the environment and quality assurance systems.

Following the inspection we contacted North Yorkshire County Council contracting department, a physiotherapist who worked with the NHS learning disability team and one person's relative for feedback.

They had no concerns about this service.

# Is the service safe?

## Our findings

One person told us they felt safe at the service. Their relatives confirmed this saying, "I couldn't think of a safer place." Other people were unable to communicate with us verbally but from our observations we saw they were safe. A physiotherapist who had visited the service told us, "I was always accompanied by two staff that were very knowledgeable about the person" and a relevant person's representative (RPR) told us, "I have a very good opinion of this service. People here are very safe."

The provider followed robust recruitment procedures. Interview records demonstrated prospective staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed through Disclosure and Barring Service (DBS) and reference checks. DBS checks return information about any convictions, cautions, warnings or reprimands which help employers make safer recruitment decisions and prevents unsuitable people from working with particular groups of people.

We observed there were sufficient staff on duty to meet people's needs and the registered manager was supernumerary to provide support. Rotas were prepared six weeks in advance and took account of staff skills required. For example there was always a member of staff on duty who could drive.

Staff were extremely knowledgeable about safeguarding people and understood the processes for reporting concerns. The safeguarding champion at the service was proactive in raising awareness of safeguarding and whistleblowing procedures. They focused on real life scenarios highlighted in the media to enable a lessons learned approach showing staff how things could go wrong and the impact this would have on people.

People received their medicines safely, when they needed them. We saw medicines were administered in an individualised way. The care plans had identified how each person liked to take their medicine and staff followed the directions carefully. For instance one person was touched gently on the chin to indicate it was time to take medicines. These were then given in line with the covert medicine plan. Any risks had been identified and risk management guidance was followed by staff. Medicine Administration Records (MAR) had been correctly completed. Controlled drugs (CDs) were stored and recorded correctly. CD's are medicines which require stricter legal controls to be applied to prevent them: being misused, being obtained illegally or causing harm. Regular medicines audits had been completed. All staff who administered medicines had received appropriate training and in addition they had received additional training to enable them to administer special medicines required by some people in relation to their medical condition. There were robust procedures for the investigation of medicines errors within the home.

Risks to people's health and safety had been identified. People's care plans included extremely detailed and informative risk assessments. These were individualised and provided staff with a clear description of any identified risk. They contained specific guidance on how people should be supported whilst ensuring no unnecessary restrictions were placed upon them. Where accidents or incidents had occurred these had been appropriately reported, recorded and investigated. There was a weekly service review which inputted any incidents on to the company portal and was reviewed by the quality and safety department. If any changes to people's care plans or risk assessments were required that was carried out promptly to prevent

reoccurrence.



## Is the service effective?

### Our findings

We observed that people received effective care from exceptionally well trained, skilled and knowledgeable staff. A relative told us, "I don't think we could ask for better. When he was in hospital at Christmas staff stayed with [relative] all the time. They were vying to see who would stay with him." The RPR told us, "Staff obviously know people well. The person I visit relies on staff a lot but they [staff] explain to me in detail how they know the person is happy. The staff have very good communication skills." A physiotherapist we spoke with said, "Staff did present as being knowledgeable." We saw that staff were supported through monthly supervisions and an annual appraisal. Staff development plans were developed through appraisal.

In order that staff recognised and worked within best practice guidelines the service had membership of the British Institute of Learning Disability who sent out regular updates about developments in learning disability care. The staff had received awards for their care practice and won the 2016 Yorkshire and Humber care team award and were runners up in the Great British Care Awards. These are a series of regional awards across England. In addition the organisation was an approved Management of Actual or potential aggression (MAPA) training provider.

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. A member of staff told us, "I understand why best interest decision making is important. It's not one size fits all."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that staff were working within the principles of the MCA. DoLS authorisations were in place for people and best interest decisions had been made for any complex decisions. People had an RPR and an independent mental capacity advocate (IMCA) where it was necessary to support them in their lives and decision making. Staff had received training One RPR who was visiting a person told us, "Staff fully understand the role of the RPR and contact me when necessary." Care plans had detailed ways in which staff could gain consent from people for everyday tasks and there were explanations of how people would refuse to do something. One person demonstrated their refusal to go to bed by sitting in an arm chair in their bedroom or repeatedly getting in and out of bed.

People had exceptionally detailed care plans showing what support they required with eating and drinking. The care plans showed how people were informed it was a meal time. One person was given the pinafore that they liked to wear which indicated it was time for lunch. Another person had very severe sensory impairment. They recognised a particular smell indicated they should walk to the dining room. Staff were proactive in recognising how people could be enabled to be as independent as possible through the use of innovative communication. One person used technology to maintain contact with their sibling. Their

relative told us, "They have a face time session."

The nutrition champion had worked with people to devise a weekly menu which asked whether or not people had received their five a day [fruit and vegetables]. Staff were proactive in ensuring people received plentiful fruit and vegetables. The meals looked appealing and nutritious. One person did not like what was on offer and so the staff made them an alternative. People had access to the kitchen to make themselves a drink or for staff to make it for them. Two people enjoyed being involved in cooking and baking activities. The kitchen was accessible but further improvements had been approved which included adjustable height work surfaces. Where there were any difficulties with eating or drinking we saw that advice had been sought from the appropriate healthcare professionals and the advice was clearly recorded and followed by staff.

We saw that people had been seen by dietitians, speech and language therapist and physiotherapists as well as their GP. They had thoroughly detailed person centred health plans and hospital passports in place so that if they had to be transferred to hospital staff would understand the care they required. One person was admitted to hospital. Staff stayed with them and worked with the hospital team on the ward to ensure that the person's care was not disrupted. The registered manager told us this would always happen when someone from the service was admitted to hospital to maintain consistent care from people that the person knew to reduce the distress for the person and their family. The family told us, "They stayed with [person's name] day and night."

People's bedrooms were adapted to ensure they supported each person's needs and abilities. This was considered to be the person's private space and reflected their personalities accordingly. Ceiling hoists were in place where needed and one person had a specialist bath.

## Is the service caring?

### Our findings

We observed extremely positive interactions between staff and people who used the service over the course of the inspection. The registered manager told us, "My staff team have a genuine heart and are worth their weight in gold." The RPR said, "Staff are very welcoming." We saw a recent email from a DoLS assessor who had said that it was obvious that staff genuinely cared for [name of person] and that their care needs were being met in a positive way. A care manager had recently sent an email saying that it was clear that staff truly care for [name of person] as they could see in the way staff spoke about him to them.

Staff described their care of people proudly and it was clear to us that meeting people's needs was their priority. One member of staff told us, "It is about the people we support, not us [staff]." They told us, "If anyone is ill staff sometimes give up their day off to come in and check the person is OK." People were all cared for on a one to one basis by staff which meant that very close relationships were formed. We could see that people knew they mattered because staff demonstrated they did through their actions.

Staff were trained in equality and inclusion. They involved people in planning their care and treatment by observing carefully how people demonstrated what they wanted. Information was also provided in accessible formats to help people understand the care on offer to them. They recorded how people showed what they wanted carefully and in detail so that all staff could use this information and respect their wishes. For example it had been advised that a particular activity may help with a medical condition for one person. This person demonstrated they did not wish to participate in the activity by hiding the equipment they required to carry out the activity. Staff acknowledged the decision and have stopped the activity.

People's privacy and dignity was respected by staff. One person's care plan identified they needed time to 'wind down' in the sensory room. Every afternoon they were assisted to the sensory room by staff and lay on a bean bag with sensory lighting. They were left to enjoy the time alone with regular checks by staff. Another person chose to relax in a massage chair with music playing. Staff were careful to leave people to enjoy time alone to ensure their privacy. A relative told us, "They know [relative] very well and are aware when he wants to be quiet."

People's personal care needs were thoroughly documented in minute detail but within the description was clear guidance for staff on how to maintain the person's dignity. For one person it was important not to wear skirts and we saw they were dressed in trousers. This ensured that people's dignity was respected by staff. There was a dignity champion at the service who supported staff by promoting best practice.

Staff had received training in palliative and end of life care from local hospice staff and the provider has also developed their own training in this subject. There was no one currently at the end of their life at the service but the registered manager was preparing for this eventuality by ensuring staff had the skill and knowledge they needed to support people appropriately. They were beginning to consider what people would want to happen at that time and was discussing that area of people's care with their representative to ensure that their end of life wishes would be respected.

## Is the service responsive?

### Our findings

We observed and people told us that the people who used this service received care that was centred on them. The RPR told us, "It is the best care plan I have ever seen. I am very impressed by how up to date and person centred it is." We saw an email from a local GP who had said, "I would like to compliment you on the high standard of care that is apparent from my contact with your residents and staff." We saw an email from a relative to the registered manager who had told her that they loved their relatives care plan and said they were, "Overwhelmed with the thoroughness of the support plan."

The care plans set out in great detail what each person's needs were and how staff could meet them ensuring staff were awareness. Each person had a team of staff who all understood their needs. The care plans covered all aspects of the person's life including their personal care and social needs. Social needs and any activities were individual to the person and the care plans reflected this. They gave staff clear and detailed information on how to meet the person's needs. We read that one person liked to help with cleaning. They liked to wear their own fur trimmed rubber gloves and pinafore. Another person liked to go for long walks every day and so the service organised two staff to go with them for support.

People had regular person centred reviews. These involved as many of the available staff team as possible. People's relatives or RPR were invited as well as professionals. These looked at what was working well and what was not. A relative told us, "We are going on Sunday for the review. They have arranged it so that [person's] brother will be here. This meant that there was a system for reviewing people's care to ensure that the care received was meeting their needs.

There had been no complaints relating to people's care and support received by the service since the last inspection. There was a complaints policy and procedure and the registered manager was aware how to deal with complaints. There had been a number of compliments and we read the most recent which were extremely positive.

Staff supported people by working with other organisations to ensure the best outcome. We saw that one person had a relative at another service run by a different provider. The staff at both services were working together to ensure that both of these siblings could maintain a relationship. The staff had taken the person to the other service to visit and they had enjoyed meals out together with support from staff. One person's relative told us, " They like model making and swimming."

## Is the service well-led?

### Our findings

This service is run by Voyage1 Limited which is a part of Voyage Care who run over 250 services across England which are registered with CQC. The company mission, according to their website, is to deliver world class outcomes for people with disabilities in the highest quality residential homes by providing innovative flexible and individual support. 94.7% of their services were rated good or outstanding. Feedback about the service from families and professionals was extremely positive.

There was a clear management structure within the company with operations managers supporting local services. A registered manager was in post at Derwent Cottages at the time of the inspection. They had been registered by us since 2013. A registered manager is a person who has registered with the Care Quality Commission 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. One relative told us, "We are very happy with the person at the top [registered manager]. They know what is going on and have their finger on the pulse." The registered manager had been a finalist 'Manager of the Year' at the British Care Awards and had won the Voyage Care Manager of the Year award.

Staff told us that the registered manager was involved and visible at the service. One member of staff said, "They are always willing to pass on information because they have the belief that knowledge is power." They went on to say, "She is a really good manager to work for. She knows her stuff and has very high standards which encourage us to do the same."

Staff described the culture of the service as, "Person centred; very much about these guys [people who used the service]. We're here for them." The person centred approach was demonstrated at every level during the inspection. Staff and people who used the service were respected and listened to.

Service reviews were carried out weekly when all information from accidents, incidents, complaints and safeguarding matters was added to the organisation portal to be reviewed by the quality and safety team. In addition quarterly self-audits were carried out which reflect the CQC standards. Action plans were developed from the audits to ensure any improvements are made. The operations manager completes their own quarterly audit to ensure the self-audit is accurate. In addition the quality team carry out an annual audit. All actions are added to a service action plan with appropriate time scales. This demonstrated that the service was continually improving.

When any incidents or safeguarding issues arose the registered manager reflected on these with staff to encourage learning and development. Inductions were specific to the service and the people they supported. Staff received feedback and agreed goals for their development.

There were champions for every area of this service who had a special interest in that area of work. They were given time for research and supporting staff in best practice. Staff enjoyed working at the service and took pride in their work. This positive outlook was reflected in the care and support provided to people.

