

Voyage 1 Limited

Castle Lane

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: This service supported people with learning disabilities. It was registered for the support of up to three people. Three people were using the service at the time of the inspection.

People's experience of using this service:

People enjoyed living at Castle Lane and felt safe. People felt staff knew them well and understood how to support them to stay safe. Staff knew how to recognise and report abuse.

- ☐ Staff recognised the risks to people's health, safety and well-being and how to support them by minimising the risk of harm.
- ☐ People had access to support from sufficient staff when needed.
- ☐ Staff recruitment processes were managed centrally by the registered provider and included a check of their background to review staff suitability to work at the home.
- ☐ People that required support with their medicines received this. Regular checks were undertaken to ensure people received the correct support by staff who were competent to help them.
- ☐ The home was clean and odour free and people were supported to keep their home tidy.
- ☐ The registered manager ensured people's care was based on best practice. Training for staff was continually reviewed to ensure it met people's needs.
- ☐ Guidance on people's needs was also shared through supervision and staff meetings.
- ☐ People were offered choices at mealtimes and encouraged to have a healthy lifestyle.
- ☐ People accessed support from a variety of healthcare professionals.
- ☐ People were treated with dignity and respect and their independence was promoted.
- ☐ People were involved in planning their care with support from staff.
- ☐ Staff supported people to enjoy a range of activities which reflected people's individual interests and levels of independence. People were encouraged to speak with staff and discuss and plan their care needs.
- ☐ People knew how to complain if they wanted to but did not have any complaints. Staff regularly spoke with people to ensure they were happy with their care. Systems were in place to take any learning from any complaints made.
- ☐ Staff enjoyed working at the home and spoke positively about the support and guidance received at the home.
- ☐ Staff worked together with the registered manager to ensure people's care was continually monitored, reviewed and reflected changing needs.
- ☐ The registered manager worked with stakeholders such as the college so people achieved their personal goals.
- ☐ The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence, inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection: Good. The last report for Castle Lane was published on 17 March 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

- We found the service met the characteristics of a "Good" rating in all areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Castle Lane

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.

This inspection took place on 27 March 2019.

Inspection team:

There was one inspector in the inspection team.

Service and service type: The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced

What we did:

During our inspection we spoke to two people who lived at the service. We used different methods to gather other people's experiences of what it was like to live at the service, such as observations of staff interaction with people living at the home.

We looked at records relating to the management of the service such as the care plans for one person, incident records, medicine management, staff meeting minutes 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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "If I get upset, I talk to somebody here. I talk to the staff." People were supported to understand how to keep safe. People were encouraged to share with staff if they had any concerns about their safety.
- Staff knew how to recognise abuse and protect people from the risk of abuse. The registered manager had discussed any concerns they had with the local authority where relevant. Assessing risk, safety monitoring and management
- Risks to people's health and wellbeing had been assessed and mitigated, recorded and reviewed where appropriate. New risks as they emerged were also recorded for staff to refer to.
- Staff understood people's individual circumstances and how to manage the risks to their health and wellbeing in order to minimise any potential harm.

Staffing and recruitment

- The registered manager explained they had an established team working at the home and new staff had not been recruited for some time.
- A staff member told us there were sufficient staff and we saw people had access to staff support when required.
- The registered provider had systems in place to review the background of potential staff to assure themselves of their suitability to work at the home.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- People were supported to keep the home clean and tidy. The home was odour free and staff understood the importance of minimising the spread of infection.

Learning lessons when things go wrong

- People's care needs were regularly monitored. The team leader explained they had monitored a number of recent incidents relating to people's safety. They told us they had improved the way in which they communicated key information with people after they identified a change in behaviour for one person. The team leader explained that since the change, there had been no repeat incidents but they continued to monitor.

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

- Staff support: induction, training, skills and experience
- Staff told us they had access to training and supervision. Staff were offered training in response to people's changing needs. For example, staff had dementia training when it had been identified a person's needs had changed.

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

- One person told us, "We get takeaways on Fridays. I love the food here." People told us they were offered choices in the food and drinks they were offered. People were offered choices to promote a healthy lifestyle.

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

- People told us about how they had contributed ideas for their bedroom. We saw people were surrounded by things that were special and precious to each person.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- One person told us, "I go to the dentist. I've got loads of certificates from the dentist." People told us they were supported to see a number of healthcare professionals when the need arose. We reviewed a person's care plan and saw how advice from healthcare professionals was incorporated into people's care.
- People's needs were changing with age. Staff understood the importance of ensuring people had the correct support in place and that guidance was updated.

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.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.
- Staff understood which decisions people were able to make and which decisions people required support with.

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

- One person said of staff, "They are nice to me here. Another person told us, "I love it here." People told us they loved living at the home and sharing their home with the other people they lived with. People spoke about staff affectionately and with fondness.
- Staff spoke warmly about people and about how they had known them for a number of years. Staff understood how to reassure people when they became anxious and to reduce their anxiety. For example, staff understood that for one person there were subjects that might cause upset and avoided discussing these.
- The team leader spoke passionately about how they had advocated for people to have equal access to health treatment. They spoke about how they had challenged some healthcare professionals to enable people living at the home to have as many medical choices available to them as possible.

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

- People told us they made decisions about their care. They told us they met with their key worker and sat and talked about things.
- Staff understood and used ways to communicate with people that reflected the person's ability and preferences. For example, where a person could not communicate verbally, staff understood the person's gestures and how they were making their feelings known.

Respecting and promoting people's privacy, dignity and independence

- People spoke proudly about the things they did that helped them feel independent. One person told us about how they went to the hairdressers independently and accessed public transport. They told us, "I go places on my own."
- Staff were careful to respect people's space and privacy. For example, we saw staff respect a person's choice for some quiet time.
- Where people had important relationships outside of the home, staff supported to people to nurture friendships and feel part of the community.

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

- One person told us, "I do lots of things with my key worker. We discuss lots of things. I have meetings with staff and we talk about how I'm getting on."
- People felt confident their needs were understood by staff and that they could make changes when needed.
- Staff explained how they amended care for a person whose health needs were changing. They explained how as the person's mobility had changed, they had amended the support provided and equipment used.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, staff understood how to phrase questions so that people understood.

Improving care quality in response to complaints or concerns

- People had not complained about their care because they us told they liked the care at the home and did not feel a need to complain. Both people we spoke with understood they could speak with the registered manager or staff at the home if they needed to.
- The registered manager explained the registered provider had a complaints process in place should people need to complain.

End of life care and support

- The registered manager explained that were End of Life care was appropriate, plans would be implemented following discussions with people and their families.

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

- People knew the registered manager and felt they were accessible and approachable.
- Staff described their working environment as very open and transparent. Staff felt able to speak with the registered manager if they had any concerns about people at the home.
- We reviewed notifications sent in prior to the inspection and saw these were completed appropriately.

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

- Staff understood the obligations placed on them and explained how they had consulted with relevant stakeholders for advice and guidance where appropriate. Staff gave examples of when they had discussed concerns with the local safeguarding team.
- Staff understood the importance of recording key information about people's care so records were accurate and reflected their current care needs. The registered manager explained they undertook regular checks to ensure people's care was reviewed and updated regularly and this included checking the person's care records.

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

- People told us they were involved in their care and about making decisions for themselves. One person told us about some of their aspirations for eventually living independently and about how staff were supporting them to achieve this.

Staff said the registered manager valued their contribution for helping to develop people's care.

Continuous learning and improving care; Working in partnership with others

- The registered manager spoke honestly about how they had learnt from people's experiences of care and how they had used any incidents to improve their learning.
- Staff told us they had known people for a significant period of time and over time people and their needs had changed. For example, they described how they understood people's important relationships and how in turn these had changed. They told us they had worked with people to understand which relationships they wished to maintain and worked to support these.
- Staff worked with the local college to help support people to access opportunities to gain new skills and improve their confidence. They also spoke of their good communication with police in promoting people's independence as well as personal safety.

