

# Voyage 1 Limited Belchford

## 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

This inspection took place on 19 October 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. Belchford was last inspected by the Care Quality Commission (CQC) on 29 September 2015 and was rated Good. At this inspection we found the service remained Good.

Belchford is a detached, two storey building set in its own grounds. The service comprised of seven single bedrooms, none of which were en-suite. The accommodation included a lounge, a kitchen, a dining room, several communal bathrooms/toilets and the property was surrounded by a large, enclosed garden.

The service provides care and accommodation for up to seven people with a learning disability and complex needs. On the day of our inspection there were seven people using the service.

The service had a registered manager. A registered manager is a person who has registered with 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.

People who used the service and their relatives were complimentary about the standard of care at Belchford. Relatives and staff said the registered manager was approachable and supportive.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff were suitably trained and received regular supervisions and appraisals.

Medicines were managed safely and procedures were in place to ensure people received medicines as prescribed.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service. They described potential risks and the safeguards in place to mitigate these risks.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

The provider carried out regular health and safety checks. Procedures were in place to deal with emergency situations.

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.

People had opportunities to participate in their preferred activities in the service and within the local community.

Care records were person-centred and reflective of people's needs. People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

Relatives were aware of how to make a complaint but did not have any complaints about the service.

The provider had an effective system of quality assurance checks to ensure people received a good standard of care.

## 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 and remained Good.

### Is the service effective?

Good ●

The service was effective and remained Good.

### Is the service caring?

Good ●

The service was caring and remained Good.

### Is the service responsive?

Good ●

The service was responsive and remained Good.

### Is the service well-led?

Good ●

The service was well-led and remained Good.

# Belchford

## 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 was a comprehensive inspection.

This inspection took place on 19 October 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we reviewed the information we held about this service and the provider, for example, inspection history, statutory notifications and complaints. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the registered manager about what was good about their service and any improvements they intended to make.

We contacted professionals involved in caring for people who used the service, including commissioners, infection control and safeguarding staff. No concerns were raised by any of these professionals. We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

People had limited communication and complex needs which meant they were unable to tell us verbally about their experiences of living at the service. We spent time with people to see what their daily lives were like. During our inspection we spoke with one person who used the service, two relatives, the registered manager, the deputy manager, three care staff and a social care professional.

We looked at the personal care or treatment records of three people who used the service and the personnel files for three members of staff. We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits and policies.

# Is the service safe?

## Our findings

Relatives told us they thought people were safe at Belchford. One relative told us, "Because of the location of the house he is safe" and another relative said, "He is very safe."

Staff we spoke with told us they felt safe with the current staffing levels and that there was flexibility to increase staffing at particular times, if required. A relative told us, "Yes, there is always enough staff" and another said there was "Sufficient staff." We observed staff were always on hand to offer support and assistance to people when required.

Appropriate checks had been undertaken before staff began working at the home. For example, Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Staff knew about the provider's safeguarding adult's policy, the different types of abuse and how to report concerns. Where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had completed training in safeguarding of vulnerable adults.

The provider had systems in place for the safe management of medicines. We looked at the medicines administration charts (MAR) and found no omissions. All had been completed accurately and signed appropriately. Medicine administration was observed to be safe. We saw that medicines were stored appropriately and medicines audits were up to date. Staff who administered medicines were trained and their competency was reviewed annually and recorded by the registered manager.

The provider carried out regular health and safety checks and risk assessments so the premises and specialist equipment were safe for people. Records showed these were up to date at the time of our inspection and included checks of portable appliances, gas safety, nurse call system, emergency lighting, electric, hot water temperatures and fire. There were also emergency procedures in place to ensure people continued to receive care during unforeseen emergency circumstances. Personal Emergency Evacuation Plans (PEEPs) were in place for each person which provided details of their individual support needs in an emergency.

Accidents and incidents were recorded and the registered manager reviewed the information in order to establish if there were any trends.

# Is the service effective?

## Our findings

People who lived at Belchford received effective care and support from well trained and well supported staff. A relative told us, "The staff are well trained." Staff confirmed they were well supported and received the training they required to care for people appropriately. A social care professional told us staff were competent to provide the care and support required by people.

Staff received a thorough induction to Belchford and mandatory training was up to date. Mandatory training is training that the provider thinks is necessary to support people safely. This included, moving and handling, first aid, fire safety, health and safety, medication and safeguarding. Records showed that all staff had completed either a Level 2 or 3 National Vocational Qualification in Health and Social Care.

In addition staff had completed more specialised training in, for example, dementia, epilepsy, mental health awareness, data protection, autism, communication and end of life care. Staff had also received training in MAPA (Management of Actual or Potential Aggression), which enabled staff to safely disengage from situations that presented risks to themselves, the person receiving care or others.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who used the service lacked capacity and were unable to consent to their stay at Belchford. We found appropriate DoLS authorisations were in place for each person. Mental capacity assessments had been completed for people and detailed best interest decisions made for their care and treatment. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Both the relatives we spoke with told us they were aware of and had been involved in their family members' best interests meetings.

Staff showed a good understanding of the strategies required to help people make choices and decisions. Detailed communication care plans were in place, which provided guidance for staff on communicating with the people who used the service. For example, one person's communication care plan contained a very detailed list of communication signs to enable staff to understand their needs, such as, 'cold' meant they were cold and 'bus' or 'car' meant they would like to go out.

People were supported with their nutritional needs in line with their diverse and cultural needs. Nutrition care plans were in place which recorded people's food and drink preferences and specialist dietary requirements. Staff had received training in food safety and nutrition. One relative told us, "The food is home cooked" and another said, "The food is excellent my [family member] has a strict low protein diet and has homemade bread."



People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP's, district nurse, occupational therapy and physiotherapy. Staff told us some people had recently received their annual flu jab.

## Is the service caring?

### Our findings

Relatives were complimentary about the standard of care at Belchford. A relative told us, "Staff are very good" and another said, "[Family member] gets lots of individual attention."

People we saw were clean and appropriately dressed. We saw staff talking to people in a friendly and respectful manner and they were attentive to people's needs. Staff interacted with people at every opportunity, using both verbal and non-verbal techniques, to engage and involve them as much as possible.

Staff we spoke with were knowledgeable about the people they cared for. A member of staff told us, how one person, liked listening to music. The person told us they liked the band Hot Chocolate. We observed them singing along to the radio and staff asking them if they would like to wear their headphones. A relative told us, "The staff are very, very understanding." A social care professional told us staff knew about people's needs, choices and preferences.

Staff focussed on people's needs and treated people with respect. Staff supported people to go into the community, make their own choices and be as independent as possible. They provided people with space so that they didn't feel oppressed or guarded. A member of staff told us people go out for a meal and have presents on their birthdays and on special birthdays they have a party. We saw pictures of a person in a pink limo for a milestone birthday.

Staff were able to show us how they met the individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, dietary requirements and personal care. A relative told us, "I like the staff and I like the way they look after [family member]."

We saw the bedrooms were individualised with people's own furniture and personal possessions. A member of staff told us staff had recently painted three people's bedrooms in their own time. Each bedroom was a different style and colour. Each had a different bed and bedding. They all had a colour theme with curtains and bedding to match the walls. For example, one room had a dramatic 'Marvel' themed feature wall.

Staff supported people to maintain links with family and friends and we saw in some people's bedrooms there were photographs of relatives and special occasions. One relative told us, "Communication is good" and another said, "They [staff] always tell me what they are doing."

We saw care plans contained evidence that the relatives, or their representatives, had been involved in decision making and writing the plans. A relative told us, "Yes, I've had lots of meetings."

People and their relatives were provided with information about the service in an easy read 'service user handbook' which contained information about the staff team, support, services, advocacy, being involved, decision making, keeping safe and medication and views.

# Is the service responsive?

## Our findings

Care records were person-centred and reflective of people's needs. People had their needs assessed and their care plans demonstrated a good understanding of their individual needs. Care plans were reviewed, updated and evaluated regularly. The service operated a keyworker system. A keyworker is a member of staff who takes a key role in co-ordinating the person's care.

Each person's care record was very personalised and began with a 'one page profile' which had been developed with the person's relative. The one page profile was a short introduction to the person which detailed, for example, 'What people like and admire about me,' 'What's important to me' and 'How to support me well'. Care records included details of people's chosen daily routines to ensure they received consistent care that met their needs and preferences. This included information on what constituted a typical 'good day' and 'good night' for a person, for example, "I may sometimes run my own bath if I am in the mood" and "I enjoy discos, pubs, visiting cafes, walks out and rides."

Each person had a health action plan which contained an individual 'Hospital Passport' with detailed information about their likes and dislikes as well as health issues. This would accompany the person should hospital treatment be required. Staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered.

Staff supported people to participate in their preferred activities. Staff told us how people liked DVD nights, making objects with Lego, trips to McDonalds and the cinema. During our visit we observed people were involved in a range of activities such as going to the launderette, listening to music and singing songs, watching television, going out for a walk, drawing and doing a jigsaw.

Staff also told us how some people had been on holiday to Haggerston Castle, enjoyed watching tribute bands, attended Kynren [a medieval event with jousting and fireworks in Durham] and were members of English Heritage which gave them unlimited entry to palaces, castles, historic houses, Roman forts, abbeys and deserted medieval villages.

We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. Both relatives told us they had never made a complaint but both were quite happy that they could go to the registered manager with concerns, if they needed to. The service had received three compliments since January 2017 relating to the 'quality of the care plans', 'staff always being nice and helpful' and the service being a 'clean, homely place with a friendly atmosphere'.

## Is the service well-led?

### Our findings

The home had a registered manager in place. A registered manager is a person who has registered with 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 discussed processes for obtaining the views of people who used the service, their relatives, staff and stakeholders with the registered manager. The registered manager told us the home had an open door policy, meaning people were able to chat and discuss concerns at any time. Relatives were contacted regularly by the service with updates about their family members and welcomed into the service at all times. A social care professional told us the registered manager and staff were accessible, approachable and dealt effectively with any concerns raised.

Staff had opportunities to provide feedback about how to improve the service and people's care through regular supervisions and team meetings. Staff we spoke with were clear about their role and responsibilities. They told us they were supported in their roles and felt able to approach the manager or to report concerns.

The provider carried out an annual survey to obtain feedback about the quality of the service from relatives, friends, staff and stakeholders. The service received positive comments in 2017 which included, 'caring staff who know residents well,' 'good communication with families' and 'consistent staff team creating a good atmosphere for all.'

The provider had an effective system of quality assurance checks to ensure people received a good standard of care. Records showed these were done consistently and covered a range of areas including infection control, medicines, care plans, finance, DoLS and fire safety. The service had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 24 April 2017.

The registered manager told us about the service's close links with the local community. For example, some people visited the café in the local community centre and enjoyed trips to local pubs.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this.

Records were maintained and used in accordance with the Data Protection Act. The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.