Voyage 1 Limited

Tate Lodge

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

Tate Lodge is a residential care service which offers support for eight adults with learning disabilities and mental health needs. It is a spacious purpose-built facility set over two floors and all bedrooms have an en-suite bathroom. There is a large enclosed garden to the rear of the building. The service is conveniently situated near to local amenities. At the time our inspection there were eight people living at the service.

Tate Lodge is a 'care home'. People in 'care homes' receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a registered manager in post. 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.

This was an unannounced inspection which took place on 18 July 2018. The last inspection was in January 2016 when the service was rated as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found that staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken.

Staff had received training which equipped them with the knowledge and skills to ensure people received adequate support. Staff had also received more specific training to meet the needs of people living with mental health illnesses.

Medication was managed safely and was administered by staff who were competent to do so.

Appropriate arrangements were in place for checking the environment was safe. For example, health and safety audits were completed on a regular basis and accidents and incidents were reported and recorded appropriately.

Quality assurance processes were in place to seek the views of people using the service and their relatives.

Staff sought consent from people before providing support. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received. The MCA is

legislation which protects the powers of people to make their own decisions.

People were involved in their support and there was evidence in their support plans to show that they had been consulted about decisions. Support plans contained detailed information to identify people's requirements and preferences in relation to their care. Appropriate risk assessments were recorded which helped to keep people safe.

There was no set daily routine at the service and people had a choice in what activities they participated in each day. We saw evidence that people's hobbies and interests were recorded and catered for.

Most people living at the service had one to one support. People were assigned a 'key support worker and co-support worker' to support them with activities in the local community. People devised a weekly activity planner which ensured they participated in the activities they enjoyed doing. People were supported by their support workers with attending external health care appointments which helped to promote people's wellbeing.

We asked people about how they thought the service was managed and their feedback was positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service continued to be caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well led.	**Good**

Tate Lodge

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.

This inspection took place on 18 July 2018 and was unannounced. The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. We also invited the local authority commissioners to provide us with any information they held about the service. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the manager, the deputy manager, three members of care staff and two people who lived at the service. We also spoke to three relatives on the telephone and four health care professionals who visited the service on a regular basis.

We looked at care records belonging to four of the people living at the service, three staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

We undertook general observations of the service and the support people received. At the time of our inspection two people were temporarily absent from the service and some were not present at the service as they were engaged in activities in the community.

Good

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt safe at the service. One person said, ''I do feel safe living here.'' A relative of a person living at the service commented, ''It's the safest place they have ever been in.''

People who were able to do so could come and go as they pleased and had their own fob to access the front door of the building. There was also a formal signing in and out procedure so that staff knew who was out of the building at any one time.

We looked at how staff were recruited. During the inspection we looked at the recruitment records for three members of staff. We found that the provider carried out appropriate pre-employment checks such as disclosure and barring service (DBS) checks and obtained references. This helped to ensure that staff members were suitable to work at the service.

We looked at how the service was staffed. Due to people's complex needs, for the majority of people, support was provided on a one to one basis. On the day of our inspection, there was a registered manager, a deputy manager and four support staff on duty to support six people using the service.

Medicines were safely stored, administered and recorded in accordance with best-practice guidance.

A safeguarding policy was in place for staff to follow should a safeguarding incident occur. Staff we spoke with were knowledgeable about how to recognise the different types of abuse and how to report any concerns. The service displayed information which encouraged people to speak out if they had any concerns about their care.

Audits were in place for checking the environment to ensure it was safe. External contracts were in place for gas, electric and fire safety.

The home was clean and well maintained. At the time of our inspection the corridors had been newly painted. Infection control policies and audits were in place which identified any areas of concern.

Good

Is the service effective?

Our findings

We saw that staff knew the needs and preferences of the people they supported well. One person told us, ''Staff do help me a lot, when I first came here they came to the shops with me but now I can do this on my own.'' We spoke with a professional who regularly visited the service who told us, ''Staff are knowledgeable and consistent, they work well with people, it's refreshing to see.''

People were supported by staff to attend any external healthcare appointments. This was important for people who were unable to communicate with healthcare professionals and needed an advocate to speak on their behalf. The service had its own vehicle which enabled staff to drive people to their appointments.

People were well-supported with their dietary and hydration needs. The service did not employ chefs or kitchen assistants. This was because the service offered intense rehabilitation and supported people with doing everyday tasks for themselves.

Staff completed regular training in a range of health and social care subjects. This included specialist training as required. Staff appraisals and supervisions were held regularly which helped enhance personal development.

We looked to see if the service was working within the legal framework of the MCA (Mental Capacity Act 2005). The 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. We looked at people's support plans and saw evidence that people's capacity to consent was assessed appropriately in relation to a range of decisions. For example, people had consented to the provision of care and support and management of their medication.

Where people are not able to consent, they can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that 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 and found that they were.

The layout of the environment was easy for people to navigate around. The service had a welcoming and homely atmosphere. For people who smoked, there was a designated smoking shelter in the garden.

Good

Is the service caring?

Our findings

People living at the service and their relatives were complementary about the staff and the care being provided. One person told us, ''The staff are caring and friendly because they help me.'' A relative told us, ''The staff are phenomenal, they treat the residents like family, they deserve an award, we know they [our relative] is being well looked after and this gives us complete peace of mind.''

Staff provided care based on people's needs and wishes. The focus of care was to support people with their recovery, rehabilitation and integration back into independent living. We observed positive and warm interactions between staff and the people they were supporting. It was clear that staff knew people well. Staff were motivated, enthusiastic and enjoyed their role.

The service actively encouraged people to maintain strong links and bonds with family members. The service actively engaged with people's families to find out as much about people's life history as possible. This provided valuable insight and helped staff get to know the people they cared for and to tailor support around people's interests, personality and characteristics. We saw evidence from people's support plans that they were involved in decisions regarding their support and personal preferences.

For people who had no family or friends to represent them, the service had appointed an external advocate on their behalf. Advocates are independent of the service and help to ensure that people's wishes and rights are upheld.

We saw evidence that people's transitions of care from the service into supported living were well managed and innovative. Staff helped people gain confidence and increase their sense of belonging in the local community. The service facilitated new support workers to shadow staff which allowed them to both learn and observe how staff worked with and supported people. These practices significantly increased people's chances of successfully integrating back into independent living.

We saw staff treat people with kindness, respect and in a person-centred way. People's right to privacy and dignity were embedded in the values of the service. People's needs were documented in their care records to support staff's understanding and knowledge of people's rights and values. This helped to ensure that people's rights were protected under the Equality Act 2010. This included age, gender, disability, sexuality and religion.

Good

Is the service responsive?

Our findings

People's support plans contained detailed information about people's preferences in relation to their support and treatment. For example, people could specify what gender of support staff they wanted.

One member of staff told us, ''Everything we need to know about how to support a person is in their support file, that's because we take the time to find that information out.'' Support plans contained an 'All about Me' document, this recorded information such as people's life history, their preferred name, favourite things and what was important to them. Support plans also contained a pre-admission assessment which helped to ensure people's support needs could be met from the day of their admission. A re-assessment of needs was regularly undertaken to ensure that any changes in people's health and support were identified.

People who lived at the service were actively involved in setting goals they hoped to achieve. Goals were recorded and an action plan was implemented which set out the support the service would provide in helping people to achieve those goals. People's achievements in meeting their goals were recorded and changes were made if people and staff felt they were not working.

The service did not have a set daily routine and once per week people devised an activity planner for the week ahead. This ensured that people participated in activities which were meaningful to them and gave structure to their week. Activities included horse riding, arts and crafts, theatre and cinema trips, beauty salon appointments, shopping, library visits, mini breaks to Wales, days out to Blackpool and Southport. Activities were also aimed towards helping people integrate back into independent living.

People had access to a complaints procedure and people we spoke with knew how to make a complaint. At the time of our inspection, the service had not received any complaints.

At the time of our inspection there was no one receiving end of life care. We saw that some support plans contained details of people's end of life wishes.

Good

Is the service well-led?

Our findings

During this inspection we looked at how the registered manager and provider ensured the quality and safety of the service.

We saw that audits were in place for health and safety, fire safety, infection control, medication, care plans and accidents and incidents. The audits we reviewed were up to date and identified were improvements were required. The provider's operations manager visited the service every 3 months to carry out a full audit. This helped to ensure standards were maintained.

The registered manager had worked at the service for over ten years. The registered manager was supported by a deputy manager and both encouraged an open-door policy. This ensured transparency in the running of the service and encouraged a positive ethos in the home. Staff we spoke to described the management as being, 'approachable', 'fair', 'open' and 'supportive.' One relative we spoke with thought the service was ''ran brilliantly well.'' Another told us, ''It's truly the best place they [relative] have ever lived in, I am delighted with it.''

Questionnaires were used to record people's opinions and suggestions about the service. Comments included, 'There's always someone to talk to when I'm feeling low' and 'Staff help support me with life skills to become independent.' We observed that questionnaires had recently been re-designed and were in an 'easy read' and pictorial format. This helped people using the service to understand the questions they were being asked.

Regular meetings were also held for people living at the service, we looked at minutes for past meetings and saw that people chose what topics they wanted to discuss, for example, finances, ideas for activities, holidays and how to apply for a passport.

The registered manager had notified CQC of incidents that had occurred in the home in accordance with registration requirements. Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating for the service.