Care Quality Commission

Voyage 1 Limited

The Legard

Inspection report

Wivern Road
Hull
Humberside
HU9 4HS

Tel: 01482781039
Website: www.voyagecare.com

Date of inspection visit:
11 January 2018
16 January 2018

Date of publication:
23 February 2018

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

The Legard is registered to provide care and accommodation for eight adults who may have learning disabilities and physical disabilities. Accommodation is provided over two floors with lift access. There are eight single bedrooms, four assisted bathrooms, two kitchens, a sensory room and lounges. The building has been designed to cater for the specific needs of people with physical disabilities. This includes spacious living areas with access to people using wheelchairs and overhead tracking for hoists in bathrooms and bedrooms. There is a large accessible enclosed garden area to the rear of the building and car parking at the front of the property.

Local amenities for example, shops, local public house are within walking distance of the service. Two adapted vehicles are available for people's use.

At the last inspection in January 2016, the service was rated Good. At this inspection, we found the service remained Good.

People who used the service were supported by sufficient numbers of staff who understood the importance of protecting them from harm. Staff had received training in how to identify and report abuse. A robust recruitment and selection process was in place that ensured prospective new members of staff had the right skills and were suitable to work with people who used the service.

Staff had a good understanding of people's needs and were kind and caring. We saw people were comfortable in the presence of staff and had developed good relationships with them. People were treated with dignity and respect and were involved in decisions about the way their support was provided. Friends and relatives were welcomed by the service.

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. Assessments were carried out to ensure people were protected from potential harm and staff took steps to minimise risks without taking away people's right to make decisions.

Staff had a good understanding of systems in place to manage medicines and to ensure people received them safely.

The service had an open and inclusive ethos and people's relatives and staff were positive about the way it was managed. Feedback was sought from people who used the service through regular 'residents meetings' and feedback forms. This information was analysed and action plans produced when needed. Advocates were accessible for people.

Relatives and healthcare professionals confirmed that staff were caring and looked after people's health and nutritional needs well. People were provided with the care, support and equipment they needed to stay

independent.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

CareQuality Commission

The Legard

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.'

The inspection took place on 11 and 16 January 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

The provider had completed a provider information return (PIR). This 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 to help plan our inspection. Prior to the inspection, we also reviewed information we held about the provider.

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 were unable to speak with us.

We spoke with two people who used the service, two relatives and two visiting healthcare professionals. We also spoke with the registered manager, two senior care staff and two care staff.

We reviewed two people's care records, looked at four staff files and reviewed records relating to the management of medicines, complaints, training and how the registered manager and provider monitored the quality of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and staff were supportive. Relatives told us, "We are lucky to have found the service; it is outstanding." Visiting professionals commented, "There is an overwhelming focus on safety, and managing people's complex needs" and "It is definitely safe, well-managed and welcoming." Relatives and professionals told us they found adequate staffing levels when they visited and there was always staff available to support them and respond to their relative's needs.

Staff told us they had received safeguarding training and received regular updates. They described how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and we saw previous incidents had been managed well. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information

Robust recruitment processes were implemented by the provider to ensure staff were safe and suitable to work with vulnerable people. We looked at the recruitment files for four staff and saw appropriate checks were completed before staff started employment. People who used the service were involved in the staff recruitment process.

Systems were in place to identify and reduce potential risks to people; care plans seen included detailed and informative risk assessments. These included assessments to promote positive risk-taking and enable people to live 'normal lives' for example, risk planning for an adventure holiday in the Lake District. The registered manager told us, "Life is for living, we need to get ourselves out there. People may need a bit of extra support, but are still able to do all the things they want to, the same as everyone else."

We looked at how medicines were managed within the service and found systems were in place that showed people's medicines were managed consistently and safely. Medicines were obtained, stored, administered and disposed of appropriately. Medication administration records (MARs) were completed correctly without omissions. Where people were prescribed medicines on an 'as and when required', such as rescue medication for epilepsy, clear plans were in place for when and how these should be used.

The service was well-maintained, clean and tidy throughout. We saw the service regularly reviewed environmental risks and carried out safety checks and audits.

Good

Is the service effective?

Our findings

People and their relatives expressed their confidence in the staff team and felt they knew their family members well. People told us, "The staff are always on training and they know what they are doing." Professionals we spoke with at the service told us they considered staff to be skilled and were responsive to their instructions for care delivery. Comments included, "Staff ask for advice and support straight away; they will contact other professionals appropriately and work with the team well." Another commented, "The manager or seniors usually deal with or contact us. They are absolutely fantastic, they know people inside out. The consultant I work with recently commented that staff know what they are doing, have good knowledge and know people's medication regimes well'. They do know what they are doing and have always done all the basic checks before they contact us for any advice."

People told us, "Staff are good at knowing what people like for those who can't express verbally. They will show people different things and wait for them to respond with eye signals." Relatives commented, "The staff have good judgement about when they need to contact me about my relative's needs, for example if they are unwell. They are very good at picking up and recognising my relative's needs and responding to any illness."

We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. 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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had submitted DoLS applications appropriately and maintained records for when these needed to be reviewed.

People received effective support from staff who were well- trained and kept their skills up to date. We reviewed the training matrix which showed staff were provided with both mandatory and specialist training in areas specific to the needs of the people who used the service. Staff supervision records showed that all staff had regular supervision and appraisal with their line manager. Staff were further supported by regular team meetings and effective shift handovers. When we spoke to staff they told us, "We are a good team and communicate well. Although we are a residential service, residents have very complex needs and due to staff training and our skills I feel these needs are well met, otherwise they may be in a nursing home."

The service promoted the use of champions; these were staff who had shown a particular interest in different areas. They were essential in ensuring best practice was shared and supporting the team so people received good care. For example, the nutrition champion was reviewing the pictorial menus in the service with people. They also liaised with professionals about food textures, prescriptions, postural seating plans for people during mealtimes and supporting people who received their nutrition through a tube directly into their stomach.

People who used the service had complex needs and received regular input from healthcare professionals including an epilepsy liaison nurse, speech and language therapists (SaLT) and dieticians. Professionals told

us staff were responsive to their recommendations. People's care plans detailed information about their individual dietary needs and preferences and had been developed with input from SaLT services. We observed that during meal time food was freshly prepared, well presented and people were offered choices.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. Comments included, "My family member has a key worker who is like part of the family. I nominated [Name of care staff] for a National Care Award, I felt she deserved the recognition as a carer, the care and love is so sincere." Another told us, "It is very important to me knowing that my family member is happy and well-cared for."

Professionals told us, "This is one of my favourite homes. They offer really good care in my opinion."

The service promoted an ethos of a person-centred approach where people were at the heart of the service. Staff were motivated to provide the best care possible. Staff were trained to use a person-centred approach to support and enable people to develop their individual care plans. We saw staff interacted well with people who used the service and consulted them all aspects of their lives through their preferred method of communication.

All of the staff we spoke with had an in-depth understanding of the people they cared for, their personalities, particular interests and their preferred routines. Care plans seen were detailed and supported what staff had told us about people's preferences. Communication care plans were in place which provided staff with detailed information about how people communicated and expressed themselves. One person who used the service told us, "Not everyone living here is able to speak. I have lived in other places where staff have finished my sentences for me. It is not like that here, everyone takes the time to listen to us all."

Staff understood the importance of supporting people to have a good end of life, as well as living life to the full. The registered manager told us about an unexpected bereavement the service had experienced and what had been put in place following this to support people and the staff team. A counselling service was made available for everyone and pictures of the person had been put up throughout the service to enable people to initiate conversations. A discussion about what would be a suitable memorial was raised at the residents meeting. The best friend of the person was supported to make a photograph album of experiences they had shared together and their family had added pictures to the family gallery in their bedroom. The staff team were vigilant in checking people for any signs of deterioration or low mood and supported each other following the bereavement. Staff spoken with confirmed this.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. Records confirmed care workers had completed training in equality and diversity.

Good

Is the service responsive?

Our findings

People who used the service and their relatives confirmed they received a six monthly care review. One person told us, "Yes, I have a care plan and am involved in planning my review. I don't want to talk about things like how many times I have been to the doctors. It is my review so I can talk about what is important to me and who I invite."

The registered manager told us that people had expressed they would prefer for any medical reports be distributed to professionals prior to their review, so they didn't have to discuss these at their reviews. They wanted to be able to concentrate on the things that were important to them and what they wanted to raise.

People confirmed they were able to access their preferred activities and gave us examples of visiting their girlfriend and going to a music festival. They also told us how they had been the DJ for a recent fundraising event held at the service which raised £263. People who used the service voted to donate the money to their local RSPCA branch. People told us they were able to do the things they wanted and pursue their interests and hobbies. One person told us how they visited their local fire station and was involved in carrying out fire drills and inducting staff on fire safety. They were also involved in quality assurance reviews of other services.

One relative told us they thought the service was outstanding and staff went over and above in their role. They gave us examples of how their family member's key worker had organised a significant birthday celebration and then accompanied them on a home visit to participate in further celebrations with other family members and go to church.

Another relative described how they and their family member had been supported 'every step of the way' when their relative was in hospital. Staff stayed with them to ensure their needs were responded to and they received the treatment they needed; they made it a positive experience for them.

Care records were extremely person-centred and detailed the levels of care and support each person required. Individuals' personalities, personal qualities, as well as their likes and dislikes were recorded. Care plans supported people's identified assessed needs and provided clear information for staff. They also detailed how people could be supported in positive risk-taking. For example, participating in adventure holidays where they tried new activities like canoeing and building campfires to toast marshmallows. Personal preferences, for example if someone liked to sleep with a light on or preferred a blanket to a duvet, were all clearly detailed.

People told us they were encouraged to give their views and raise concerns or complaints. Relatives spoken with told us they had no complaints and would speak to the registered manager if they had any issues. They said that any issues they felt may be out of the registered managers 'control', they wouldn't hesitate in going to the chief executive.

Good

Is the service well-led?

Our findings

People and staff told us they found the registered manager to be approachable, supportive and knowledgeable and said they were visible within the service. One person told us, "I feel [Name] is a good manager and can to talk to her at any time. She even gave me her phone number so I can contact her if I needed to, not many managers would do that." Staff told us, "When I first came here I was inspired by the team, I feel I have a purpose and find the role very rewarding. My manager is very supportive of us all, she listens and will collate ideas and is happy to try new things. Communication is really good."

The service had a registered manager in place as required under the conditions of their registration. 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.

The registered manager attended senior management meetings where best practice. Information shared about incidents and accidents within the organisation was analysed and the findings discussed, so lessons could be learned and actions implemented to reduce further occurrences. The registered manager was further supported to develop their skills and knowledge through on-going training and supervision

People and their relatives were actively involved in developing the service. People were asked to provide feedback on the service through questionnaires and face-to-face meetings. We saw evidence that their feedback was collated and used to develop the service when possible.

The provider utilised effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service, We saw audits of care plans, risk assessments, health and safety and medicines were completed on a monthly basis.This process was supported by a system of further audits by the quality assurance lead for the organisation. The results were compared and action plans developed to address any shortfalls. Results from each audit were shared with the staff team.

We reviewed the accident and incident records held for the service and found that the service had notified the Care Quality Commission of notifiable incidents as required.