Voyage 1 Limited

Huish House

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

Huish House provides accommodation with personal care for 12 people. The home specialises in providing a service to adults who have a learning disability, autism, sensory impairment or physical disability.

People's experience of using this service and what we found
People were not able to tell us about their experiences of life at the home, so we therefore used our observations of care and our discussions with staff and relatives to help form our judgements.

The service was going through a period of change. The last registered manager had left after managing the home for 12 years. Some people may have been affected by this change and were being supported. The deputy manager had now become the manager and had applied to register with us. They were keen to develop and improve the service and ensure the ethos was inclusive, open and honest.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People were safe. The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse. Risk assessments were in place which identified possible risks to people and how to reduce them.

People's needs had been assessed before they moved into the home, to ensure their needs could be met. People's changing needs were responded to. Suitable staffing numbers to meet people's changing needs were a concern for relatives and staff. This issue was being acted upon by the manager.

People were supported by staff who were well trained to meet their individual needs. The service worked closely with people's families, advocates and other professionals to improve the care and support they provided.

Staff asked people for their consent before supporting them. People were supported by a staff team who respected their choices and decisions. Staff promoted people's privacy, dignity and independence.

People, and those close to them, were involved in planning and reviewing their care which meant the care

provided was specific to each individual. People's communication methods were identified within their care plans and understood by staff. People's, relative's and advocate's views were central to how the service was run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were part of their community. They chose a wide range of college courses, activities, trips and other social events.

The service was well managed with the provider's support; a new management team was being developed. The current management team were open and honest. There were effective systems to monitor the quality and safety of the service. There was a strong commitment to improving the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last rating for this service was Good (published April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Huish House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Huish House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to be registered with the Care Quality Commission.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at information we had received from and about the service since the last inspection.

We used all of this information to plan our inspection.

During the inspection
During the inspection we observed staff supporting, interacting and communicating with people in all communal areas of the home. Some people allowed us to see their bedrooms. We spoke with four members of staff, the manager, the supporting manager and the operations director.

We looked at a selection of records which included;
Two care and support plans
Daily records
Medication Administration Records
Accident and incident reports
Complaints records

After the Inspection
We contacted four people's family members for their views of the service. Three responded to us. The manager and operations manager sent us copies of quality assurance audits, staff rotas, staff training records and staff meeting records for us to read.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were safe at the home and looked at ease with the staff who supported them. One relative said, "[Name] has lived there since the home opened. It is a safe place to live."
- Risks to people were minimised because staff knew how to recognise and report suspicions of abuse. Staff were confident that if they raised concerns, action would be taken to keep people safe. One relative told us, "Over the years we have been very happy and feel fortunate that [name] lives there. You hear such terrible stories about other places and we have never had anything like that."
- Staff recruitment was handled centrally by the provider. All staff were thoroughly checked before they began work in the home to ensure they had the appropriate skills and character to work with vulnerable people.
- The were adequate numbers of staff to keep people safe. Staffing was an ongoing concern for each relative we spoke with. One told us, "Staffing is difficult, though this isn't just Huish House, this is now everywhere unfortunately. They have struggled recently for staff, though it is getting better. Clearly we are feeling a little concerned, which we have never been before. There's lots that's good about Huish though. We have been very lucky with [name's] care really."

Assessing risk, safety monitoring and management

- The provider ensured people received their care and support as safely as possible. Individual risks were identified and where appropriate action was taken to minimise these risks.
- People had personal evacuation plans which set out the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire.
- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire alarm, water temperatures and on equipment used in the home.

Using medicines safely

- No one in the home self-medicated. People received their medicines safely from staff who had been trained in the safe administration of medicines.
- Clear records were kept of all medicines administered, refused or taken 'as and when required'. This enabled the effectiveness of prescribed medicines to be monitored.

● There were systems in place to audit medicines administration to make sure people received their medicines as prescribed.
● Medicine errors were reviewed, and action taken to prevent recurrence. Following a recent review, medicine storage had been moved to a quieter part of the home to ensure staff were not distracted whilst helping people with medicines.

Preventing and controlling infection
● People lived in a home which was kept clean and fresh. A cleaner had recently been employed and was working in the home during our visits. One staff member said, "We have a cleaner now, which is a god send. It gives us more time to support people." Good standards of hygiene helped to minimise the risks of the spread of infection.
● Staff used personal protective equipment such as disposable gloves and aprons when supporting people with personal care. There were handwashing facilities throughout the home. This also helped to protect people against the spread of infection.

Learning lessons when things go wrong
● All accidents and incidents which occurred were analysed and used as a way of learning and improving practice. Reviews were carried out by the manager and by the provider.
● Lessons learnt were shared with staff and care plans were up dated where appropriate.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had ensured the home was improved to meet people's changing needs. For example, two people now had en-suite 'wet rooms' as they were no longer able to use a bath. People's own rooms had been redecorated to make them more personalised. The communal areas of the home were being redecorated at the time of our inspection. One relative said, "The home isn't institutional at all. The individual rooms are amazing. [Name] has her own en-suite, which is highly advantageous."
- Aids and adaptations to meet people's needs were in place. These included ramps and handrails at the entrances to the home and lifts for people who used wheelchairs or those with mobility problems.
- The home had well-kept, level gardens which people enjoyed using in good weather.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People living at the home had all lived here for several years. Their needs had been assessed before they first moved to the home.
- Care plans had been created and then developed over time, with the involvement of people and those close to them. Care plans were very detailed and explained clearly what care and support each person needed and how this was to be provided.
- People were supported by a staff team who were trained in health and safety and in people's specific needs, such as supporting people who have autism or epilepsy. Staff said training was good and included refresher training to make sure their practice was in accordance with up to date guidance and legislation.
- Staff had opportunities for professional development and promotion. One staff member told us, "The training is very good. I feel really well supported and have been given lots of extra training in my new role as a senior."
- Relatives said staff became well trained, but acknowledged it took time for new staff to get to know people well. One relative said, "Staff turnover means new staff do need a lot of extra training. I would say care standards did not drop when staff changed, which was a credit to the staff there."

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

- A new menu had just been developed which focused on people's favourite meals.
- People had their nutritional needs assessed and met. Where people required their food to be served at a

specific consistency, an appropriate meal was provided.
● People received the support they needed to eat in a dignified way.
● Staff had been trained to support people with eating and drinking. One staff member said, "Some people are higher risk with certain foods and that is monitored closely. We know as we are all well trained. We observe and are always checking."

Supporting people to live healthier lives, access healthcare services and support;
Staff working with other agencies to provide consistent, effective, timely care
● People saw a range of healthcare professionals, such as an epilepsy nurse, to make sure they received the support and treatment they required.
● Staff monitored people's health very closely, as people often could not say if they were unwell or in pain. One staff member said, "[Name] was really unsettled. We called an ambulance three times and each time they said nothing was wrong. We kept on, as we knew something was wrong. The third time they admitted [name] to hospital and [after diagnosis] [name] was in hospital for eight days recovering. All because we kept on."
● People were supported with their oral healthcare and saw dentists. Dental care had recently been focused upon with two people having thorough checks up carried out under sedation.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People who lived at the home were able to make decisions about their day to day lives. During the inspection we heard staff asking people questions, offering choice and respecting the choices and decisions people made. One staff member said, "We assume people have capacity. We always ask them before anything is done."
● Where there were concerns about people's capacity to make more complex decisions, staff consulted family members, others close to the person and the local advocacy service to ensure any decisions made were in the person's best interests.
●Clear records were kept when people had decisions made in their best interests, such as when a person had a dental check under sedation.
● Applications had been made for people to be legally deprived of their liberty where they required this level of protection to keep them safe. Any conditions which had been applied were being complied with.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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

- People were treated as individuals by staff who were kind and caring. During the inspection we saw staff chatting, laughing and joking with people and assisting them in a way that was equal, friendly and warm.
- Staff adapted their approach to people according to their personalities. Staff used gentle touch to reassure people and show affection.
- People were cared for by committed staff, keen to provide care that met people's individual needs. It was clear staff knew people well and people trusted staff. One relative said, "New staff are encouraged to quickly develop their relationships with clients within Huish House."
- People's cultural, religious and spiritual needs were respected. Two people went to church each week. One person had chosen to adopt a western culture, which was different to the culture of the country of their birth. This was supported by staff.

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

- People were involved in planning their care as much as they could be; family members, advocates and health professionals were also involved. Staff used their observations of what people were comfortable with, to help review care plans.
- People were unable to express their views verbally. Staff used a range of communication methods to ensure people's views were known. One staff member said, "People choose from pictures, signs, pointing, body language or eye contact. If we offer people choices verbally you might offer two things and let them choose. People's communication may change during the day, so it can often take a while to do this properly."
- People were involved in the running of the home and made suggestions at monthly meetings. The manager told us, "Meetings are now held monthly; it's a new thing. Recent ones have been about Christmas, the party and presents. People have put forward great ideas."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff treated each person as an individual and respected them as such. Each person who lived at the home had their own room where they could spend time or see their friends and family in private.

● People were able to have visitors at any time and they were always made welcome at the home. One relative said, "We are always made very welcome when we visit. What I see are good interactions. We know all the other residents now very well too. The atmosphere is good."
● People were supported to be as independent as they could be.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to develop relationships with each other. During the inspection we saw people sitting together and were generally relaxed in each other's company. There was a happy, vibrant atmosphere in the home.
- People kept in touch with their friends and family. Relatives visited, and some people visited their family or stayed with them at times.
- People took part in a wide range of activities at the home and within the community. This helped people to avoid social isolation and have as full a life as possible. One relative said, "People go out a lot. We rarely see all twelve residents when we visit as there are always people out and about."
- Activities were planned in line with people's interests and hobbies. Records showed that people went to college, singing group, café trips, lunches out, art club and the cinema. People were going to see a pantomime and going to a 'Festival of Light' at a local tourist attraction as part of the Christmas celebrations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed and met. We saw staff ensured information was exchanged with people in a way each of them understood. A wide range of communication methods were used, such as pictures, photographs and sign language.
- Information was available in 'easy read' documents, such as the home's handbook, although staff would still need to support each person to understand them. The manager told us, "We have information in easy read, but it's only useful really if it's used in context with staff explaining it to each person."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People, their relatives and advocates were fully involved in planning care to make sure they received support which met their individual needs
● People's care plans had information about their life history, interests, lifestyle and about people who were important to them. This helped staff to understand what was important to each person and plan their care and support in accordance with people's individual needs, values and beliefs.
●People were able to choose their own routines and make choices about their day to day lives.
● Staff responded to changes in people's needs. Two people may have been affected by the last registered manager leaving as they had managed the home for a long time and people had become very close to them. Their behaviour had changed significantly; they required more staff support. There were ongoing meetings with health and care professionals on how to best meet their needs. One relative said staff were "Brilliant with [name]. She does have behaviour problems and has been affected by [the registered manager] leaving as she was there for a long time. They are getting a behaviour specialist in which may help."
● Two people needed their staffing increased to meet their changing needs. This was an ongoing concern for relatives we spoke with. One said, "We need to see what happens with the staffing issue. I know [the manager] is working hard on it." The manager told us, "Staffing levels is the main issue. We are trying to get more support hours; we have asked for more care hours for two people. Meetings are ongoing but unfortunately it's not a quick process."

Improving care quality in response to complaints or concerns
● People lived in a home where complaints and concerns were treated as information to help make improvements.
● Each person would need staff or relatives to complain on their behalf. No one could use the complaints procedure independently. Staff were aware of how each person could show if they were unhappy or upset and knew people could complain if they needed to.
● We looked at the records of the only complaint the home had received in the last year. The issue had been taken seriously and, due to the nature of the complaint, was escalated to the local authority safeguarding team who investigated the concern.

End of life care and support
● The service was designed to support younger adults so did not specifically provide end of life care.
● No one was currently receiving end of life care and support.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The last registered manager left the home in August 2019, after working there for 14 years. The home's existing deputy manager had been promoted to manager, so knew the people and home very well. They had already started the registration process with us.
- The provider had ensured the manager was well supported to make sure standards of care and support were maintained. The manager told us, "My support has been excellent. I have a supportive area manager and directors who asked me what I needed and what my vision for the home was when I became the manager."
- There was a clear management and staffing structure which made sure people were supported by experienced and competent staff. There were vacancies in the management team, with some staff 'acting up' in senior roles. Staff recruitment was ongoing. The manager was currently supported by an experienced registered manager from another of the provider's services.
- The service was honest and open if things went wrong. A letter of apology had been sent following a person sustaining an injury at the home.
- Relatives and staff all described the management of the home as approachable and happy to listen to their views. The manager told us they saw all views, positive or negative, as a way to learn and improve the service. One relative said, "Now that [name] is home manager, we are even more confident that the standard of care will be maintained at the highest level and her staff will stabilise thus enhancing the care at Huish House."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Recent changes made in the home had been discussed with staff and implemented. Staff were positive; there was a happy, homely atmosphere. One staff member said, "It's a much more upbeat, positive vibe now. Things had gone a bit flat, a bit stale. It's a really nice place to work. Everyone here is here for the

people we support. I feel staff go above and beyond here."

● The manager had a vision for the home and a commitment to improve the service for the people who lived here. Comments from relatives, staff and our observations, showed this was put into practice by staff. One relative said, "We are very happy with the care. [Name] is very well cared for."

Continuous learning and improving care

● The provider carried out audits and checks which monitored quality and enabled them to plan on going improvements to the environment and people's care and safety. These audits were based on the key questions we ask: is the service safe, effective, caring, responsive and well led. Each key question was scored out of 100.

● Where shortfalls were identified, improvements had been carried out with others planned. For example, several improvements to the environment had been carried out to meet people's needs, menus had been improved and people had chosen new activities to take part in.

● A 'service user' supported by the provider also acted as a 'quality checker' and completed their own report. Their last visit in October 2019 rated the home highly.

● People lived in a home where the manager had identified where improvements could be made. They had a realistic action plan in place which was being worked through.

● The manager had raised issues with the provider and sought agreement and support for changes they wished to make. They were well supported and worked with other registered managers to share good practice and learning. They told us, "I want to take the home forward. We have a 12-month plan, but I feel we've come a long way in a short space of time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People who lived at the home were valued members of the local community. This had been a focus of support for people over the last year. People used local shops and took part in community events. They had built a close relationship with the local church and vicar. This had enabled them to have accessible facilities installed at a local venue, so people could attend art group and there were plans to develop a sensory garden in town.

● People's, staff's and relative's views were sought and listened to. This was to ensure any changes made were in accordance with people's wishes. One relative said, "Communication with us is really very good. We are always listened to, which is so important to us."

● Staff and people were able to have their say through regular meetings. Minutes of these meetings showed several subjects were discussed.

● The staff worked in partnership with other professionals and local community groups. This helped to make sure people had access to specialist care and treatment when they needed it and continued to be active members of their community.