

Voyage 1 Limited

The Hadlows

Inspection report

128-130 Hadlow Road
Tonbridge
Kent
TN9 1PA

Tel: 01732770981
Website: www.voyagecare.com

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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

The Hadlows is a residential care home providing personal care to seven people with an acquired brain injury. An acquired brain injury (ABI) is an injury caused to the brain since birth. An ABI can result in people having complex long-term problems affecting their personality, relationships and ability to lead an independent life. The service can support up to nine people.

People's experience of using this service and what we found

People said they were supported in the right way, so they could do the things that they wanted. This included cooking, gaining employment and visiting places of interest. People were encouraged to be independent and were involved in planning and cooking meals. Mealtimes were social occasions where people and staff sat together, and people helped with the preparation.

Everyone said that staff knew them well and that they enjoyed talking to and spending time with them. Guidance was available for staff to follow about how to meet people's health, social and personal care needs.

People told us that staff reminded them to make sure they attended medical appointments. People's health needs were met through developing partnership working with a range of health care professionals. People continued to receive their medicines as prescribed.

Staff received ongoing training and support to ensure they had the necessary skills and knowledge to meet people's individual needs. People said there were always staff available to support them when they needed.

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.

The service continued to be well led. Everyone benefitted from an open and inclusive culture where lessons were learned to provide good outcomes for people. One professional told us, "The whole team and particularly the registered manager, have been instrumental in providing a safe, responsive, empathic and client centred environment where my client has flourished".

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

Rating at last inspection: The last rating for this service was Good (published 25 January 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Hadlows

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

The inspection was carried out by one inspector.

Service and service type

The Hadlows 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 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, a senior care worker, and a care worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff training. We also looked at a variety of records relating to the management of the service: health and safety, audits, surveys, complaints, complements and staff training.

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.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People had developed trusting relationships with staff and felt confident to tell staff if they felt uncomfortable or unsafe. In the annual survey of 2019, one person commented, "I like that it is calm".
- Information was displayed which advised people what to do and who to contact if they had concerns for their safety and they needed to talk to someone other than the staff team.
- The registered manager and staff received regular training and updates in how to identify and act on any potential abuse. Staff knew how to whistle-blow and to report any concerns to external agencies, if they were not acted on.
- A social care professional told us, "I comfortable in saying that it (the service) is safe".

Assessing risk, safety monitoring and management

- There continued to be a proactive approach to anticipating and managing risks. People were given information about risks to their safety and discussions took place, so people were actively involved in the process. Guidance was available to staff about how to minimise risks so that people had as much control and independence as possible.
- Staff knew how to follow strategies for people who had anxieties and sometimes acted in a way that challenged themselves or others. Staff had a good understanding of what may cause people's actions and how to diffuse them, which had led to a reduction in incidents.
- There were regular checks of the environment and servicing of equipment to make sure it was safe and fit for purpose. This included gas, electrical and fire safety equipment.
- Staff knew how to evacuate people safely in the event of an emergency as they received regular training and took part in a programme of fire drills. Each person had an individual plan which set out the support and equipment they needed in the event of a fire.

Staffing and recruitment

- People's support needs varied significantly. Some people were able to go out by themselves and other people required support with all personal care needs and to access the community. Staffing levels were assessed and reviewed according to people's individual needs and in liaison with the placing authority.
- There were enough staff available to support people and to guide them, so they were able to participate in their daily activities. One person told us, "Staff are there to help you if you need it. But I don't need any help." There were bank staff available to cover staff absence, so people had consistent care.
- Checks on new staff included obtaining a person's work references, identity, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and

helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- Staff continued to follow the providers protocols for the safe receipt, storage, administration and disposal of medicines. It had been identified that medicines were getting too hot where they were stored so they had been moved to another secure location.
- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration.
- Each person had been assessed with regards the support they needed to manage their own medicines. People who administered their own medicines had a locked cupboard in their bedroom for secure storage.
- Protocols directed staff when people should be given medicines prescribed as 'only when needed'. Guidance directed staff to which specific areas of the body topical creams had been prescribed.

Learning lessons when things go wrong

- Detailed records were kept of any accidents or incidents including what happened and the action taken as a result of the event.
- The registered manager had an overview of all events and kept the provider informed. There continued to be a monitoring and analysis to identify any patterns or trends and reduce the chance of the same things from happening again.
- There was a culture of openness and transparency where lessons were learned, discussed and shared with the staff team. Different approaches to support people had been used, when previous methods had not been as successful as anticipated. When one person had injured themselves in their bedroom, the piece of equipment had been removed and alternative solutions considered.

Preventing and controlling infection

- Staff understood their role and responsibilities in keeping the service clean and involved people as much as possible.
- Staff were trained in the prevention and control of infections and had access to personal protective equipment.
- Food hygiene procedures were followed in the preparation and handling of food.

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.

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Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, social, emotional, cultural and religious needs were assessed before they moved to the service, so the provider could be confident they could be met by the staff team.
- Information was gained from health and social care professionals and consideration given to how a new person would fit in with the personalities and routines of people already living at the service.

Staff support: induction, training, skills and experience

- Staff were provided with the knowledge and skills they needed to support people. There was a comprehensive induction and ongoing training programme which included areas relevant to their roles. All staff took specialist training in acquired brain injury.
- Feedback from the service's annual survey of 2019, was that staff had the skills to support people effectively. A professional commented, "Staff are helpful and knowledgeable of X needs".
- Staff continued to have opportunities to discuss and reflect on their practice and performance through day to day discussions with the registered manager, supervision meetings and an annual appraisal.

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

- People chose what they wanted to eat, and this was developed into a weekly menu which was displayed in the kitchen.
- At lunchtime people and staff sat together making it a relaxed and sociable occasion. Some people used adapted cutlery, so they could continue to eat independently. People could make their own snacks and drinks when they wanted.
- People continued to be protected from the risk of poor nutrition. Assessment tools were used to identify people at risk of malnutrition and the support they required to remain healthy.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People continued to be supported by staff to maintain good health through careful monitoring and support. People had a health action plan which set up how people could stay healthy. This included information and guidance about how to maintain good physical and mental health.
- Staff supported people to make and attend health care appointments. During the inspection people asked staff about medical appointments and staff gave the information and assurances they required. Staff accompanied people on appointments and made a detailed record of an advice given so it could be followed.

- People who smoked had successfully been encouraged to reduce the amount they smoked or to give up smoking, following advice from their doctor. □

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.

- Staff gave people the information and support they needed to make their own decisions. If people made unwise decisions, this was respected, whilst exploring the impact and consequences of their actions on themselves and others.
- Mental capacity assessments were used appropriately to establish whether people had the capacity to make particular decision. When people did not have the capacity to make a specific decision, decisions were made in their best interest.
- People had access to advocates. An advocate can help people express their needs and wishes and weigh up and take decisions about the options available to them.
- DoLS applications had been made to the local authority supervisory body in line with agreed processes. Where DoLS had been granted for a set time period, new applications were made to make sure people were not unlawfully deprived of their liberty.

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

- The service was designed and decorated to meet people needs. There was a large kitchen/dinner where people could come together to eat and talk. A well-maintained garden with several seating areas was accessible to everyone.
- People said that they had all the things they needed in their bedrooms. One person described their bedroom as a 'penthouse'.
- Bathing aids and a standing aid were available for people with limited mobility. The registered manager had considered people's changing needs and professional advice had been sought to further adapt the environment for their benefit.

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; equality and diversity

- People continued to be treated with care and kindness. One person told us, "The staff are kind and tolerant". Another person said whilst looking at one member of staff, "She is lovely. They (staff) are all lovely".
- A social care professional explained staff's relationship with one person living at the service. "The staff show a caring attitude towards this gentleman each time I have visited and advocate on his behalf to ensure he gets the most out of his life".
- Everyone's feedback was that the service was caring in the service's annual survey 2019. A professional commented, "Staff are very supportive and seem to genuinely care". A family member commented, "The Hadlows is very much a home". A person commented, "They care... help with all sorts of issues... go above and beyond.... That's good".
- Trusting relationships had been developed with staff. People sought the company of staff and staff took time to listen and respond. Staff and people knew each other well and enjoyed exchanging jokes with one another.
- People told us they were supported to maintain relationships with family members including their children and to remember important things such as their birthdays. One social care professional told us, "He is being supported to build better relationships". Another social care professional said, "They have continued to work well with this gentleman in in maintaining his contact with his family which makes him feel more settled".

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

- People wrote or were supported to write their social history reflecting on who they were and who they are now.
- House meetings were held to discuss what people wanted to eat, how they wanted to spend their time and any changes that they wanted.
- People met with their keyworker to discuss and review progress towards their goals and aspirations. People had several small and larger individual goals such as going to an animal park and travelling independently.

Respecting and promoting people's privacy, dignity and independence

- People said staff were always honest and respectful. Staff supported people in a way that upheld their privacy and dignity throughout the inspection.
- A compliment had been received by a person who had moved on from the service to more independent

living. "Thank you for your support. I am leaving happy and well valued which means a lot".

- People told us that they took part in daily living tasks such as clearing and laying the table, filling and emptying the dishwasher and cooking meals. One person, proudly wearing their chef's hat, cooked a cake for tea. When it had been identified that people's goal was to move to more independent living, a planned programme was devised.
- A social care professional told us, "They have responded quickly to changing client needs and continue to look for ways to promote independence".

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

People's needs were met through good organisation and delivery of care. Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained detailed information about people's likes, dislikes, routines, personal history, cultural and religious needs. Step by step guidance was available to staff to help them support people in a personalised way. People were involved in developing and reviewing their care plans so they contained all the things that were important to them.
- People continued to be encouraged to follow their interests, gain new skills and employment and to try new experiences. One person told us about their trips to Hastings and how they used the local library and pub. Another person told us they had visited Paris for the first time and worked in a café. Music and art therapists were employed to provide one to one support where this had been assessed as of benefit. One person whose needs had changed was supported by a gardener, so they could continue to be involved as far as possible in an activity they enjoyed.
- Feedback from professionals highlighted the positive impact the service's approach had on people. One professional said, "The service have adapted their support to meet the needs of my client and created a positive, can do environment. He attends activities he is enthusiastic about". Another professional commented, "They have encouraged him to get employment and also make sure that he is doing every activity he expresses an interest in".
- People continued to be supported with their cultural and religious needs. Some people attended church and other people had their hair attended to in a way that reflected their culture. The next meeting for people who used the providers' services in Kent and Sussex planned to include celebrating different cultures.

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.

- An individual approach continued to be used in assessing the best way to communicate with people. Pictures, repetition of key phrases and movement activated voice instructions were available to help people with memory problems and communication. One person told us, "If you have something you need to do staff help you to remember it. I have a board in my room which shows me what I need to do".
- Key documents such as the 'Service User Guide', were written in easy read format using pictures and simple sentences.

Improving care quality in response to complaints or concerns

- People were asked if they had any suggestions or concerns at regular resident meetings. The complaints

procedure was available in easy read format.

- The registered manager had followed the provider's complaints procedure when any complaints had been received. People had been satisfied with the action taken to investigate and resolve their complaint. One person had commented that the registered manager had gone "over and above" when dealing with their complaint.
- All complaints were monitored by the service and head office, to see if there were any patterns or lessons that could be learned.

End of life care and support

- The provider worked closely with healthcare professionals such as the person's doctor and hospice nurses, so people experienced a comfortable, dignified and pain-free death. Emergency pain medicines were available. Pain tools adapted to make sure all staff knew through body language and facial expressions, when people were in pain.
- People and their family members had been consulted about people's wishes at the end of their lives. Staff had advocated on people's behalf to ensure they spent their last days at the service, supported by staff who knew them well.
- When people were at the end of their lives, staff were extremely flexible and adaptable in their approach, so people's wishes, and choices could be met. For example, if a person wanted something specific to eat or to go outside, this was actioned immediately.
- The service had received a compliment from a health care professional about the level of end of care they had provided. "To allow him to be discharged from hospital to his place of greatest comfort and familiarity was hugely appreciated. I have valued your time and clear communication; having you to share information with me as it became available to you, ensured we were all on the same page caring for him and meeting his needs".

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 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There continued to be strong, visible leadership within the service that inspired staff to provide quality care. The registered manager knew people well and people sought their company for a chat and to give reassurances.
- People and staff all complimented the registered managers management style which provided a positive culture at the service. One person told us, "He is mustard. I mean he is quality". Another person and a staff member both commented, "He is firm, but fair".
- Feedback from professionals described how the service was run had a beneficial impact on people's well-being. One professional told us, "The whole team and particularly the registered manager, have been instrumental in providing a safe, responsive, empathic and client centred environment where my client has flourished".
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

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

- The registered manager led by example, providing kind and compassionate care and ensuring staff were employed who had the same values and motivations. A professional told us, "The manager is a good role model for the staff and attends reviews which shows an investment in the people who live there as well as in improving the service".
- Staff understood the aims of the service to promote people's independence and self-esteem and put them into practice on a daily basis
- There continued to be a structured programme of checks and audits which identified areas for improvement. When shortfalls had been identified, an action plan was put in place to address them. Progress was reviewed by the registered manager and operations manager.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.

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

- People and staff said they had a say in how the service was run. The registered manager had an open-door policy and people and staff came to talk to them during the inspection. Regular staff meetings and house

meetings were held where people and staff had a voice.

- One person told us they were planning a charity coffee morning at the service. They were meeting with a staff member to decide what cakes to bake.
- Relatives were kept up to date with any changes in people's wellbeing and what was working well for them.
- Quality assurance surveys were sent to people, their relatives and visitors to the service. The responses for January 2019 were very positive about the care and support provided. One person responded, "I feel you are allowed to do what you want when you want". A relative commented, "He has always been looked after so amazingly". A professional said, "I think he is a fabulous manager. Lovely attitude and genuine care filters through".

Continuous learning and improving care

- Information gathered from audits and the annual survey was used to develop the service and make improvements. Staff had highlighted celebrating achievements as an area for improvement in the annual survey. As a result, staff had received certificates of achievement for the exceptional support they had provided people.
- The registered manager subscribed to newsletters from health and social care organisations to help them keep up to date with guidance and advice. The provider sent weekly updates to highlight changes in policy, practice and procedure. This information and best practice were disseminated to the staff team.
- The organisation continued to be an approved provider for people with an acquired brain injury.
- Staff were actively encouraged and supported to undertake continuous learning including Diplomas in social care and relevant training courses.

Working in partnership with others

- The provider worked in partnership with other social and health care professionals such as GP's, neuro-physiotherapists, occupational therapists and music therapists.
- A professional told us, "The service have been able to develop an excellent working relationship with the client and all other professionals involved".
- The local community warden had accepted an invitation to visit the service.