

Voyage 1 Limited

Bridge Court Bungalow

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 27 February 2017 and was unannounced. This meant that the staff and registered provider did not know that we would be visiting.

Bridge Court Bungalow is a modern purpose-built property located in the grounds of Bridge House. Both homes have their own gardens. The home is situated off Normanby High Street and accommodates up to six people with learning disabilities.

At the last inspection on 11 February 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

People we spoke with told us they felt the service was safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. People's medicines were managed safely. There were enough staff deployed to keep people safe. The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas, which assisted them to support people effectively and they were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected. People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health.

People spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. People were supported to be as independent as possible. People were supported to access advocacy services where needed and to discuss end of life care.

Care plans were person centred and regularly reviewed to ensure they reflected people's current needs and preferences. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to complaints.

People, relatives and staff spoke positively about the service and people said they were proud of where they lived. Staff spoke positively about the registered manager, saying she supported them and included them in the running of the service. The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good.

Bridge Court Bungalow

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.

One adult social care inspector completed this unannounced inspection on 27 February 2017.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Bridge Court Bungalow. We did not receive any feedback. We also reviewed the feedback provided by relatives the registered providers survey about the service completed at the end of 2016.

During the inspection we met all five people who used the service. Some people had limited verbal communication skills so we observed the care being provided to them and spoke with three of the people who used the service. We looked at three care plans, medicine administration records (MARs) and handover sheets. We spoke with the registered manager, regional manager, the registered provider's quality assurance officer (a person from another of their services who was also reviewing the service) a senior carer and three support workers. We looked at two staff files, which included recruitment records and records relating to the management of the home.

Is the service safe?

Our findings

People we spoke with told us they felt the service was safe. One person told us, "It is a good place". Another person said, "I like living here, everybody is nice."

The feedback from relatives was very positive. Comments on the surveys included, "The care is very good from all" and "1st class care and support."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, one person was at risk in relation to managing their money and the person, staff and external professionals had developed a care plan to help keep them safe. Risk assessments were regularly reviewed to ensure they reflected current risk. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents and incidents were monitored for any trends, and plans were in place to support people in emergency situations.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns they had. There had not been any safeguarding incidents since our last inspection but the registered manager told us how these would be investigated, including with referrals to relevant agencies.

People's medicines were managed safely. Staff received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. One person managed their own medicines, and this had been risk assessed.

There were enough staff deployed to keep people safe. During the day a senior and two support workers were on duty and overnight there was a waking night staff member and another slept at the service. The registered manager oversaw three services but worked at the home two days a week. People told us there were plenty of staff and enough to accompany them to go out and about each day. Staff told us sick leave and holidays were always covered. One member of staff said, "We are a good team that pulls together when needed."

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

The premises were clean and tidy. The registered manager carried out regular infection control and environment checks. People were involved in cleaning their rooms and communal areas, and we saw one person enjoying doing this during our visit.

Is the service effective?

Our findings

Staff received mandatory training in a number of areas to support people effectively. Mandatory training are the courses and updates the registered provider thinks are necessary to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as allergen awareness. Training was regularly refreshed to ensure it reflected current best practice. The registered manager monitored and planned training on a computerised system, and this showed 99% of training up-to-date and planned training was in place. Staff spoke positively about the training they received. One member of staff told us, "We get lots of training and it is all useful."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

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). At the time of our inspection all five people were subject to a DoLS authorisation. The registered manager and staff were knowledgeable about the principles of the MCA and knew how to arrange capacity assessments should people's capacity change. They had assisted one person to engage the services of a solicitor as they wanted to make representations to Court of Protection about their DoLS authorisation.

People were supported to maintain a healthy diet. People's nutritional needs and preferences were assessed and recorded in their care plans. People were actively involved in managing their own diet and preparing their own meals. People were free to choose whatever they wanted to eat and drink but staff encouraged people to eat fruit and vegetables, and we saw from menus that this was successful. People spoke positively about their diets and one person said, "The staff are all good at cooking and I like the food." People were regularly weighed to help monitor their nutritional health.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as community nurses, GPs and consultant psychiatrists in people's care. The staff had also developed Health Action Plans for each person. This provided detailed information about an individual's needs, which is used when people attend hospital appointments. People told us that staff made sure they kept well. One relative commented, "The staff are good at keeping us informed."

People chose how their rooms were decorated and were also involved in planning the design of communal areas. The kitchen, lounge and dining room had recently been redecorated and the kitchen was altered to remove one of the doors. Staff told us they thought this might make it difficult to keep an eye on what happened in the kitchen but had found this was not the case and in fact not having a second entrance made

a 'big' improvement. There were more cupboards and benches now and staff found it an easier workspace to manage.

Is the service caring?

Our findings

People spoke positively about the support provided by staff at the service, describing them as kind. One person told us how staff at the service had made them feel at home and they had quickly settled as they still could do the things they liked such as gardening.

A relative commented, "The staff are always friendly and approachable."

Staff treated people with dignity and respect. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times. Staff knocked on people's doors and waited for a response before entering their rooms, and took them to quieter areas of the house to discuss private matters. We found the staff were warm and friendly and very respectful. All of the staff talked about the ethos of the service was to make sure the people who used the service were at the centre of the service. One staff member said, "I have not long worked at Bridge Court bungalow but found the staff welcomed me as a part of the team and everyone puts the people first."

Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. For example, one person at the service was telling us about their interests and staff helped them to discuss their points with us.

Throughout the inspection we saw numerous examples of kind and caring support being delivered. For example, one person wanted to go out so staff helped them to get their shoes and went with them on the trip. Throughout the visit the people and the staff laughed at jokes, engaged in friendly banter and appeared happy in each other's company. In another example, staff were talking with a person about something they needed to buy and reassured them they would have plenty of time to look for what they needed when they were out.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

At the time of our inspection no one was receiving end of life care. The registered manager and staff saw the service as a home for life, and many of the people using it had been living there since it first opened. One person who used the service had recently passed away and staff discussed how they had support the remaining people and each other to come to terms with their death.

Is the service responsive?

Our findings

People told us staff at the service provided personalised care and knew what they liked. One person we spoke with told us they were very happy at the service and the staff had let them use a part of the garden. The person said, "I have always been a good gardener and I've got a good plot here." The regional manager told us they had asked the registered provider if they could employ the person as a paid gardener for the company.

Relatives commented, "Care is great" and "Staff really do understand what [relative's name] likes and needs."

Before people started using the service their support needs were assessed in a number of areas, including medication, personal care, sleep, communication and nutrition. Where a support need was identified a care plan was put in place based on how people wanted to be assisted. For example, one person needed support to manage their emotions and their care plan detailed how staff could assist with this and what worked well.

People's care plans were regularly reviewed to ensure they reflected people's current needs and preferences. Records confirmed people and their relatives were involved in these reviews. A person we spoke with told us, "My care plans show what I want." We saw staff discreetly discussing people's support needs throughout the inspection and writing information down so staff who came onto to shift had the latest information on how people wanted to be supported. People's care plans also contained personal details such as their life history, likes and dislikes and what a good and bad day would look like to them.

People were supported to access activities they enjoyed. People's interests were outlined in their care plans, and staff supported them to complete their chosen activity. For example, person enjoyed visiting a local coffee shop and staff enabled them to go every day to the shop for coffee.

Procedures were in place to investigate and respond to complaints. No complaints had been received since our last inspection in February 2015. The complaints policy was displayed in communal areas and minutes of house meetings confirmed people were regularly asked if they had any complaints. People and the relatives told us they knew how to complain and raise issues.

Is the service well-led?

Our findings

People and staff spoke positively about the service and people said they were proud of where they lived. A person we spoke with said, "Everything is good here." A member of staff told us, "We have very good relationships with the people and we are always making sure the care is person-centred, as they are the most important because ultimately it is there home."

Relatives commented, "I cannot praise them enough and can't think of anything they could do better." Another relative said, "All the staff work together to make it a real home for people."

The service had a registered manager. 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. Staff spoke positively about the registered manager, saying she supported them and included them in the running of the service. One member of staff said, "[The registered manager] involves us in everything. We get regular updates."

The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included audits of medicines, finances and health and safety around the building.

Where these identified issues, records confirmed remedial action was taken. For example, the staff survey had highlighted that more drivers were needed so the registered provider had ensure more staff were able to become designated drivers.

Feedback was sought from people through house meetings and an annual questionnaire and relatives were regularly contacted as well as asked to complete surveys. Feedback from staff was sought in the same way, through regular staff meetings and an annual survey.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.