

Voyage 1 Limited

Hutton Avenue

Inspection report

13 Hutton Avenue
Hartlepool
Cleveland
TS26 9PW

Tel: 01429854294
Website: www.voyagecare.com

Date of inspection visit:
15 February 2017
16 February 2017

Date of publication:
05 May 2017

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

Hutton Avenue provides nursing and residential care services for up to nine people with learning or physical disabilities. There were eight people using the service during our inspection.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Staff had completed training in safeguarding vulnerable adults and understood their responsibilities to report any concerns. Thorough recruitment and selection procedures ensured suitable staff were employed. Risk assessments relating to people's individual care needs and the environment were reviewed regularly.

Staff received appropriate training and support. 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. People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

There was a welcoming and homely atmosphere at the service. People were at ease with staff and relatives said staff were caring. Staff treated people with kindness and compassion.

Staff had a clear understanding of people's needs and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Support plans were well written and specific to people's individual needs.

Relatives and staff felt the service was well managed. Staff described the registered manager as approachable and said there was an open culture. There was an effective quality assurance system in place to ensure the quality of the service and drive improvement.

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?

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.

Hutton Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 15 and 16 February 2017 and was announced. The provider was given 48 hours' notice because the service is for younger adults who are sometimes out during the day, so we needed to be sure someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at the information we held about the home. This included notifications of events that happened in the home that the registered provider is required to tell us about. We also reviewed the Provider Information Return (PIR), which contained information about the service and how the provider planned to develop and improve.

Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service, so we asked relatives for their views. We spoke with three relatives who were visiting the service during the inspection.

During the visit we spent time with five people who were using the service. We spoke with the registered manager, the operational manager (representative of the provider), two registered nurses, two support workers and a visiting health professional.

We viewed a range of care records and records relating to how the service was managed. These included the care records of two people, the medicines records of four people and staff recruitment files for two staff who had been recruited since the last inspection.

Is the service safe?

Our findings

People were protected from harm. Relatives told us people were safe at the home. One relative said, "I never thought there would be a place like this for [family member]. He's safe because there are enough staff on duty and staff tell me the slightest thing."

Staff had completed training in how to protect people from abuse. Protecting people from abuse was also routinely discussed at staff meetings and during staff members' one-to-one sessions with management. This meant staff were frequently reminded of their responsibilities to keep people safe and how to report any concerns.

Staff understood the need to report any concerns to the management team without delay. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately.

There were enough staff on shift to meet people's needs quickly and keep them safe.

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

The arrangements for managing people's medicines were safe. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature. Medicine records we checked had been completed accurately.

Is the service effective?

Our findings

People who used the service were supported by staff that were trained and knowledgeable. The provider used a computer-based training management system which identified when each staff member was due further training. Records showed staff training in key areas was up to date. Staff we spoke with said they had completed training appropriate for their role.

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training.

Records showed people were supported to maintain their physical and mental health needs whenever this was required. For example people attended appointments with their GP, optician, podiatrist and dentist. A health professional who was visiting the service during our inspection told us, "Staff here manage [person's] epilepsy well as they have a good understanding."

People were encouraged to maintain an active and healthy lifestyle through activities and a healthy diet. People's food and fluid intake was recorded daily and their weight was recorded monthly.

People were supported to maintain a balanced diet and to have enough to eat and drink. Staff used a weekly menu planner which was based on people's preferences. People were involved in decisions about what to eat through pictorial menus. Most meals were prepared from scratch using fresh produce. A good range of healthy foods were available, as well as drinks, snacks and fresh fruit.

A relative told us, "[Family member's] nutritional needs are catered for. Their food is cut up to ensure their safety."

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications had been made and authorised for all eight people by the relevant local authorities. DoLS applications contained details of people's individual needs and were person-centred. Staff members had a good understanding of this legislation and records showed decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about medicines and flu vaccinations. This meant the service was meeting the requirements of the MCA.

Is the service caring?

Our findings

There were positive relationships between people and staff. People were at ease in the company of staff and there was a welcoming and homely atmosphere. Staff spoke to people kindly and calmly and explained what they were doing before providing care. Staff supported people to do the things they enjoyed and also encouraged independence with daily living. For example, going to the hairdressers and making their own drinks.

Relatives spoke positively about the caring approach of staff. A relative said, "The staff here are marvellous. They treat [family member] like a king. The staff worship the ground he walks on. He loves it here." Another relative told us, "I'm happy with the care here, no complaints whatsoever. [Family member] has come on leaps and bounds since they've been here."

Staff knew people well and exactly what support people needed in various situations. Staff we spoke with told us, "We know people well, it's like an extended family here." For example, one person preferred to eat their meals alone as this reduced their anxiety and staff supported them to do this. People were treated in a respectful and dignified way.

Staff we spoke with talked about people who used the service with affection. One staff member said, "I love the fact it's a small service so we have input with every resident. We're hands on and get to take people out and go on holidays with them. I love working here."

The service had received written compliments from relatives. Comments included, 'I really appreciate all the updates, phone calls and communication from all staff during [family member's] hospital stay. Thank you all on behalf of [family member] and all the family,' 'The care [family member] receives is second to none. They are well cared for in every respect. All staff are loving, caring and helpful' and 'The staff are always very welcoming and friendly. I have good communication with all the staff.'

Is the service responsive?

Our findings

Support plans were detailed and personalised. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had a 'one page profile' which provided a person-centred snapshot about the individual for staff to refer to. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, routines and communication. This meant staff had access to key information about how to support people in the right way.

Records showed support plans were continuously reviewed by staff, and annual reviews were held with relatives and care professionals. One relative told us, "We're always involved with care plan reviews." Staff we spoke with told us they were given time to read and contribute to people's support plans and staff demonstrated a good knowledge of people's preferences and support needs. The registered manager told us, "Staff can tell you everything you need to know about the people we support."

People took part in activities at the service and were supported to access the local community. The registered manager told us people's weekly activity plans were flexible due to changes in people's needs. Activities included going to the gym, walking to the shops, going to a sensory disco and doing household chores.

Residents' meetings were held monthly. People were supported to express their views using communication aids and pictures at such meetings. For example, people decided what activities they wanted to do and what they wanted to eat. This meant that people were actively encouraged and supported to express their views and opinions on the service.

The provider had a complaints procedure which was available to people, relatives and stakeholders. A service user guide which contained details of how to make a complaint, was usually given to families, although an easy read version was available for people who used the service. No complaints had been received in the last 12 months.

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

Relatives told us the service was well-led and they would recommend Hutton Avenue to others. Relatives described the registered manager as approachable.

Staff said the registered manager was approachable and supportive. One staff member told us, "[Registered manager] is firm but fair and very supportive." Another staff member said, "[Registered manager] is very approachable. You can pick up the phone any time day or night and she'll help you. We would never want to lose her." The provider's representative told us, "[Registered manager] is a very good manager. They're very capable and are doing well here."

Staff meetings were held monthly where they reviewed each person's care in detail. Other issues such as best practice, staff training needs and day to day operational issues were discussed. Staff told us they felt able to voice their opinions and raise any concerns at these meetings. They also said there was an open culture and the management team encouraged staff to question practice. Minutes of staff meetings were taken so staff not on duty could read them later. A staff member said, "We work well as a team and help each other develop and further our knowledge."

The provider sought feedback about the quality of the service through annual family and friends questionnaires. This was last carried out in October 2016. Five out of nine questionnaires were returned with positive feedback given.

There was an effective quality assurance system in place to monitor key areas such as safeguarding concerns, accidents, incidents and staffing issues. Regular audits carried out by the registered manager and provider led to action plans with completion dates. Actions were reviewed and carried out appropriately. reviewed and carried out appropriately. For example, a communications book was put in place to ensure a more effective handover.