

Voyage 1 Limited

St Helens Down

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

St Helens Down is a residential care home providing personal care for younger adults. The service is registered to accommodate up to 6 people who may have a learning disability or autistic spectrum disorder, a mental health illness, a physical disability or a sensory impairment. At the time of our inspection there were 3 people living at the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

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. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. One professional said, "In my opinion, (persons) quality of life has been enhanced and prolonged by the care staff over the years have given her." People had a choice about their living environment and were able to personalise their rooms. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Right Care:

People received kind and compassionate care. One person said, "They are kind and helpful they are ever so good." Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. One relative said of their loved one, "I'm very happy with her there. The main thing is she is happy."

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. One professional said, "They provide incredible, person-centred care, a genuine family home environment." Staff knew and understood people well and were responsive.

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 13 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Helens Down on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Helens Down

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 2 inspectors.

Service and service type

St Helens Down is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Helens Down is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who were using the service about their experience of the care provided. We spoke with 5 staff members including the registered manager, manager, regional support manager and 2 support workers. We contacted 3 relatives to seek their feedback on the care and support provided to their loved ones. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One person told us, "I feel very safe, I like the people that work here."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Care plans contained explanations of the measures for staff to follow to keep people safe. People looked comfortable around staff and at ease when being supported.
- Records showed that the provider had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed well for people's safety.
- People living with long term health conditions were assessed and supported to monitor associated risks. For example, people were being supported to manage choking risks, gastro-intestinal conditions, mobility and managing anxieties and mental health conditions. Guidance was detailed and clear for staff to follow on how to support people safely and effectively, while the service had been proactive in seeking specialist health support when needed. One relative spoke of the success staff had had with managing their loved one's anxieties. The relative told us, "She hasn't been getting that much (anxieties) lately. (the person's key worker) does lots with her and she's done quite a lot. It keeps her occupied which is great."
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. We saw evidence that people were involved in the completion of their risk assessments.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans (PEEP) were in place and provided details about people's individual support needs, such as mobility and sensory, and how these should be met in an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. We observed sufficient numbers of staff throughout the inspection.
- Feedback was positive about the staffing at the home. One person said, "Staff are always available to help." One relative said, "Oh yes definitely enough staff. The staff are lovely and don't change as often as they did."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were receiving their medicines safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff who administered medicines were fully trained and subject to competency checks. One person said, "I receive my medication every day and on time."
- Medicine audits were completed to ensure that the administration and management of medicines was undertaken safely and correctly.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative said, "It's absolutely spotless there, immaculate."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Systems and processes were in place to review incidents and accidents. Actions had been taken to mitigate further occurrences and support had been provided to those affected. For example, changes to the oversight of medicine counts had been made following identification of discrepancies in medicines counts.
- People received safe care because staff learned from safety alerts and incidents. For example, should medication errors occur, staff were required to undertake reflective practice and self-assessment to understand why the mistake had occurred.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; Continuous learning and improving care

- At the time of the inspection, the registered manager was in the process of moving to manage one of the providers other services. They were providing transitional support to a new manager who had recently started at the home. The new manager had previously been registered as manager at the home and was returning for their second time as manager of the home. Both managers demonstrated that they had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- The registered manager was clear about their regulatory responsibilities and had continued to work with local authorities and the CQC to ensure that legal requirements were met. Statutory notifications had been submitted to CQC appropriately. Statutory notifications are information the provider is required to send us about the home.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- People were provided with good, ongoing care as there were effective quality assurance systems in place to maintain the quality of the support provided to them. These systems monitored areas such as health and safety, people's medicines, falls and incidents. The registered manager was supported in their oversight of the home with regular audits from the providers operational staff.

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

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff told us the manager was receptive to ideas and supported them well. One staff member said, "She is a good manager. She was very supportive in providing extra training. I'll make suggestions and these were taken on board."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. One professional said, "I never found the staff to be anything but committed and put the residents at the forefront of their care and plans, and I often felt like the residents were part of their extended families."
- The management were proactive in ensuring people received person centred support and adapted support when needed to continue to meet their needs. One professional said, "When a resident was found to have (a bowel condition), a menu was adapted for her and a visual menu made for her so that informed choices could be made while keeping the meals nutritious and avoid exacerbation of the underlying cause."

- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. The regional support manager said, "We don't live in a risk-free world. It's best to be open and transparent."

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

- People were supported to be involved in their own care. Records showed that people actively contributed to the formation of their risk assessments and care plans. People were involved in the completion of online shopping for the home, and occasionally in the recruitment interviews for new staff.
- Good understanding of people's communications needs, and the use of communication tools meant that people could effectively engage in their own support. For example, one person used widget symbols to express their preferences with personal care and medicines.
- People and their family members told us that they felt engaged and informed. The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff felt involved and engaged in the home. Staff confirmed that team meetings were informative and inclusive. One staff member said, "It's important to make sure we are all aware of any issues." Professionals we spoke to were positive about how the management was included others in people's support. One professional said regarding support they provided, "Families were kept up to date on any developments and their concerns were listened to and acted on."

Working in partnership with others

- Management and staff had developed working relationships with a range of health and social care professionals. Staff had formed good links with professionals in areas such as Community Learning Disability Teams, Speech and Language Therapists, Joint Community Rehabilitation team and GP's.
- One professional said, "Although this is a home without registered nurses, because of the staff being willing to support (the person), the person has managed to have her bespoke care in her own home environment."
- Partnerships were formed with relevant health and social care agencies. When staff identified changes in need for people, appropriate referrals and notifications were made for external health support. One professional said, "I found the care at the home to be of a high standard and protocols were followed correctly."