

Voyage 1 Limited

Brook Lodge

Inspection report

Brook Lodge
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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: Brook Lodge is a registered care home that provides accommodation and support for up to eight people living with learning disabilities. There were seven people living at the service when we visited.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People using the service were safe. The service had reflected on an incident and put measures in place to ensure any further risks were minimised. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. There were sufficient staff with the proper skill mix on duty to support people with their needs and keep them safe. Effective and safe recruitment processes were consistently followed by the provider. Medicines were managed safely.

Staff had the right skills, experience and support to meet the needs of people who used the service. People were assisted to have a healthy and balanced diet with a choice of meals that they had chosen. 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.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of people's care and support. People were treated with dignity and respect and their independence was promoted.

Relatives and social and health care professionals gave feedback that evidenced people received responsive and person-centred care and support in all areas of their lives. A relative commented, "Overall, [person] has the best care he has ever received within the system, it is my fervent wish that he retains this high level of care."

Staff had ensured people could maintain their interests and arranged activities in line with this. This ensured that individual preferences were explored and acted upon so people could live as full a life as possible.

Where people could not easily verbalise their needs, management and staff involved people's family, friends and others that knew them well, so that care and support plans reflected people's needs and aspirations. Care and support plans were reviewed and updated as people's needs changed.

Staff respected people's beliefs such as religion. People and family were encouraged to explore and record their wishes as part of their end of life care plan, including how their religious beliefs would be met.

People and staff felt supported by the registered manager. The provider had effective systems and processes in place to ensure the quality and safety of service.

Rating at last inspection: Good (Report published 20 December 2018)

Why we inspected: This was a planned inspection based on the previous rating. A focused inspection took place in November 2018 following concerns raised regarding the safety of people. We looked at two areas during that inspection, Safe and Well Led and found the registered manager had taken all appropriate action following the concerns raised and therefore people were protected, and the rating remained as Good.

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

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

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.

Brook Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Notice of inspection: This was an unannounced inspection.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Brook Lodge 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 home accommodates up to seven people in one house and one person in an annexe.

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.

What we did: Prior to the inspection we looked at information we held about the service, including previous inspection reports and statutory notifications. Notifications are specific events the provider must notify CQC about by law. The provider had completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make.

During the inspection we looked at three people's care and associated records. We looked at four staff files and other records relating to the management of the service. We spoke with the registered manager and four care staff and a visiting social care professional.

Not all people in the service were able to verbally express their views so after the inspection we contacted relatives for their views and received feedback from five. Following the inspection, we also sought feedback from health and social care professionals and heard back from three. We considered their feedback when considering the ratings.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- During the focused inspection in November 2018, we examined how the registered manager had dealt with an incident concerning the conduct of certain staff members. The registered manager said that lessons had been learnt in that not all staff had followed the provider's policies and procedures to report potential abuse. As soon as the allegation was reported, immediate action was taken, the incident was reported to the appropriate bodies to investigate further and disciplinary action was taken. All staff in the service underwent refresher training on how to report allegations and incidents of abuse.
- Safeguarding was now discussed at each supervision and at team meetings to ensure people's safety is central to all staff. Staff comments included, "If I had concerns I'd immediately go to the [registered manager] or senior member of staff" and "Been on safeguarding training and shown how to upload documents and report. Whistleblowing is always promoted."
- Not all people could verbalise whether they felt safe. We therefore asked for feedback from family members about how assured they were about people's safety. One commented, "We know our [relative] is kept safe at all times whilst in Brook Lodge and when taken out. [Person] not only has a learning difficulty but autism and has behaviour problems at times. He also has balance problems and could choke as he has [health conditions]. It is a great relief that we can rely on all the staff to keep him safe."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. This included risks relating to people's individual needs such as behaviour that challenges, mobility, sensory impairment and choking. We saw guidelines in place from Occupational Therapists (OT) and Speech and Language Therapists (SALT) and advice in line with national standards.
- Care plans included clear guidance for staff in how to support people to manage risks. Staff supported people in line with their care plans.
- The environment and equipment was well maintained to ensure people were safe.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Rota's were planned around people's needs and activities. Staffing also considered gender of staff if people's needs required this.
- The provider had safe recruitment processes in place. Checks were carried out prior to staff starting work to ensure they were suitable to work in the service.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should.
- 'As needed' medicines were regularly reviewed to ensure they were used appropriately in line with people's symptoms. A relative told us, "[Person] has had shouting episodes which have improved with the

anticipatory care offered by the staff and decreasing use of 'when necessary' medication."

Preventing and controlling infection

- Staff had completed infection control training and food hygiene and followed safe infection control practices. The premises were clean and tidy and free from odour.

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

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

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

- People's needs were assessed prior to admission to the service. These assessments were used to develop care plans that identified people's needs and how they should be met.
- Care plans reflected good practice standards and guidance. For example, people's dietary needs reflected The International Dysphagia Diet Standardisation Initiative framework (IDDSI). IDDSI are international descriptors introducing standard terminology to describe textures for food and drink.

Staff support: induction, training, skills and experience

- Staff completed a range of training to ensure they had the skills and knowledge to meet people's needs.
- Relatives were confident staff had the skills to meet their needs. One commented, "Senior staff at Brook Lodge have exhibited excellent leadership skills for the whole team to work together and be successful in providing the care required via individual care plans to all the residents. Extra training has been organised (dementia training and use of hoist training) for [person's] evolving needs."
- Staff were positive about the training and support they received. One member of staff told us, "I've had relevant training and also had training in areas such as dementia, epilepsy and diabetes." Other staff members said, "Supervision is helpful in day to day practice. I discussed further qualifications in my supervision" and "Yes, I have supervision to check how I'm doing (or not doing!)"

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

- People had a varied diet to meet their individual needs and preferences. We saw a themed night for foods from different countries had been introduced. Relative comments included, "The food is varied and good quality and [person] and others get to choose the menu" and [Person's] eating has been supervised to allow him to feed himself when possible and no choking episodes have been recorded during eating."
- Where people required support to eat and drink we saw that this was provided in a sensitive, respectful manner. Staff encouraged people to eat and where people did not like the choices on the menu, alternatives were offered. A member of staff commented, "Fresh food every day and people can get involved with preparation and cooking if they want. The menu is reviewed weekly."

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

- People's rooms were personalised to their preference and with belongings important to them. The garden was used for social gatherings such as barbecues. There were areas where people could do activities and we saw a sensory area had been organised for a person which helped them when they were feeling agitated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Relatives were positive about the healthcare support people received. One relative commented, "In January 2019, [person] was admitted to hospital with a chest infection and good communication between Brook Lodge, his GP and his relatives was maintained to allow a smooth hospital admission. Carers from Brook Lodge accompanied him to and from the hospital and it was reassuring that, in addition, Brook Lodge arranged a carer to be with him 12 hours a day while in hospital. Senior staff from Brook Lodge visited the hospital so that adequate arrangements for his discharge were managed successfully. Provision and training to use a portable hoist was put in place with excellent liaison between Brook Lodge and the community nursing staff to achieve this. Since his hospital discharge his mobility is improving with encouragement and help from the staff."
- A social care professional commented about an individual whose health caused concerns. They said following a referral to hospital that staff supported the person twice to an appointment in order to have investigations done due to the person's anxiety about the procedures. They said, "[Staff] liaised closely with the hospital team to ensure that this person was caused the least amount of distress in having to attend the appointment. Since then we have been working together to identify the behaviours he is displaying to understand the best treatment. He is having more positive interactions which is good for everyone, particularly for him."
- Records showed that people were referred to health and social care professionals when their condition indicated a change. For example, we saw one person had an appointment for a dental visit at Brook Lodge.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people's care resulted in restrictions on their liberty and they were assessed as lacking capacity to consent to the restrictions, the registered manager had submitted applications to the supervisory body to ensure any restrictions were lawful. This was reflected in people's care records. A relative commented, "[Person] is subject to a DoLS order (Deprivation of Liberty) and safety is paramount for him and other residents. Because of this supervision there have not been any significant events of accidental harm or otherwise."
- Where people were assessed as lacking capacity to make specific decisions we saw that a best interest process had been followed. Relatives were involved where appropriate. One commented, "When I have visited he is always smiling and has a very good relationship with his support staff who are working with him. He is given choices of his life but when unable to do so, [registered manager] has always contacted me and my siblings to ensure the best decision is made for him. We are kept up to date with any holidays before they are booked to ensure we agree and to see if we would like to make any changes."
- Staff had completed training in MCA and DoLS and understood how to apply the principles of the act when supporting people. A relative said, "[Person] has always received appropriate and responsive stimulation to help reassure him that his own requests are satisfied wherever possible and that he is able to progress." A

member of staff told us, "Always assume capacity. People are asked all the time about choice."

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

Good: 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

- Relatives were positive about the caring approach of staff. Comments included, "All the staff and [registered manager] are so caring of [person] and all the other persons residing at Brook Lodge"; "Family members are more than satisfied with the care [person] receives from the team at Brook Lodge and congratulate them on providing their very best individual attention to him. We have every confidence that this will continue"; "All the staff at Brook Lodge have shown over and above care and attention to [person's] needs and helped him to settle amicably with other residents" and "It's very comforting for me to know that he seems to be very happy and well supported within Brook Lodge."
- The registered manager promoted a caring culture and led by example. We saw many occasions when the registered manager and staff engaged with people and interactions were caring and friendly demonstrating that they knew people well and responses indicated that people were comfortable with staff. A visiting social care professional said, "Staff painted [person's] bedroom furniture in their own time. It is 'not just a job' for staff. They really care."

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

- People were involved in decisions about their care. Staff explained what they were going to do and gave people choices regarding all aspects of their care and support. For example, a care plan stated, 'Not to be rushed, given choice and can make own decisions. Make suggestion and if happy that's his decision. Will say no if not'.
- Most people were unable to verbalise what their care and support should look like, so family and advocates had been involved in decisions to make sure people's views were known, respected and acted upon. A relative commented, "The support and care team have always shown perfect responses to [person's] changing needs and informed family members accordingly. They have a good working relationship with the Worcestershire and Gloucestershire learning disability teams."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain and improve their independence. A relative told us, "My [relative] has lived at Brook Lodge for many years now. He has always been treated with the dignity and care he needs at those crucial times when his behaviour becomes very challenging. Staff are very knowledgeable and are therefore able to pick up the signs when they notice his mood is changing therefore giving him the best support to improve his life and making sure he feels safe and secure."
- Staff understood the importance of respecting people's dignity. A relative told us, "[Staff] are respectful of [person's] personal care and manage to help him present himself in the best possible appearance. Adequate and appropriate clothing is supplied when helping him to dress."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their families were involved in developing care and support plans to identify their choices and preferences. These were regularly reviewed.
- We had positive comments from relatives and health and social care professionals about people's care being person centred and responsive. Relative comments included, "We regard Brook Lodge as offering a structured, efficient and responsive method of care to [person] and the other residents led by a management team who have exhibited effective and caring methods of community living for people like [person]" and "Overall, [person] has the best care he has ever received within the system, it is my fervent wish that he retains this high level of care."
- A social care professional commented, "I was impressed by the organised and sensitive transition Brook Lodge gave [person] and have been thoroughly impressed since with the thoroughness of the management and staff, the person-centred practice Brook Lodge always give, and how well they work with myself and health professionals to aid this individual to have his needs met. I have never had any concerns about Brook Lodge and believe that their approach should be considered a good example for other residential homes to follow."
- Relatives told us that staff understood people's values and beliefs that may influence their decisions on how they want to receive care, treatment and support. A family member gave feedback about how appreciative they were that their relative was assisted to maintain their religion. They said, "We are most grateful to the [registered manager] and her staff for facilitating this visit of [priest] (and subsequent follow up visits) and their understanding of [person's] spiritual and faith requirements."
- Staff were well-supported to understand and meet people's individual needs and this was supported through learning including dignity and respect, values and equality and diversity which influenced how the service was developed. A member of staff commented, "I've worked in care for six years and this is, by far, the best place I've worked in."
- Staff knew people well and used this knowledge to ensure people led a full life. People were supported to attend activities including those that they had enjoyed in the past and wanted to continue. A relative commented, "[Staff] are helping and supporting [person] now he is wanting to learn to read. They support [person] to bake cakes etc – he loves cooking. [Person] has greatly improved with his speech with help from staff. He likes talking to staff about most sports and telling them what he has been doing when he is at our house."
- Staff ensured people's interests could be accommodated. We had examples of where this had happened. For example, a person had become fixated on a set activity, but staff knew the person had an interest in animals and farms. A local farm offered day activities and the person attended to look round enjoying stroking the animals. When the person returned to the house, they were keen to tell the other housemates what they had done. The person has continued to attend this new activity which has helped introduce variety and assisted in reducing the fixation and broadened their interests.

- Another person was supported to take part in a canal trip. This meant a lot to the person as they enjoyed all aspects of water including swimming and fishing. When on the boat they were invited to sit at the front steering the boat and enjoyed waiting for the lights to change to signify they could get through the canal gates. The person thanked the staff member for having a lovely day and enjoying an ice-cream and listening to the birdsong and looking at the trees.
- Care plans were person centred, identified how people wished to be supported, up to date and regularly reviewed. A relative commented, "Relatives have always been notified and invited to attend review meetings regarding [person's] care. Extra special attention has been given to [person's] personal finances with good financial governance involving and informing family members of any special extra costs for equipment and personal care [person] receives."
- Staff made sure that people maintained relationships that mattered to them, such as family, community and other social links. We heard that the registered manager had set up 'befriending days' with the provider's other local homes. People could put forward ideas to celebrate events such as Valentine's day, Bonfire night and Halloween. Each month events that people had suggested were carried out such as teddy bear picnics and bowling tournaments. This helped to protect people from the risk of social isolation and loneliness as social contact and companionship was encouraged.

Improving care quality in response to complaints or concerns

- The service ensured people's information and communication needs complied with the Accessible Information Standard. The Accessible Information Standard requires organisations to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss to remove barriers in understanding information. For example, information was on display in an easy read format to assist people how to raise any concerns or issues. People also had staff allocated to them to ensure they had the opportunity to build relationships and have information provided clearly to them including whether they had any concerns or complaints.

End of life care and support

- People were supported with end of life care at the service if this was their choice. The service had helped families to explore and record their wishes about their relatives' care at the end of their life, to plan how they would be met so that the person's wishes would be acted upon. A relative commented, "[We] have also made appropriate arrangements that would allow Brook Lodge to be aware of what action they should take in the case of sudden illness or, indeed, his death, in terms of informing the local Catholic Church immediately, as is our practice. In support of Brook Lodge, the family have arranged a pre-paid funeral plan and appropriate instructions at the time of his death. After all, he may well outlive us all! We are most grateful for the cooperation of Brook Lodge and their understanding in this most delicate matter."

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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was highly motivated and passionate about providing a person-centred service that valued and respected everyone involved and protected people's rights.
- We received lots of positive feedback about the registered manager and staff from relatives with comments including, "Everything has improved since [registered manager] became the Voyage Manager at Brook Lodge. She is so good and has worked her way up from being initially a carer at Brook Lodge"; "The staff team is well led by [registered manager] and [deputy manager] and we are able to ask questions when we need or to any worries we have and they are very responsive to us" and "The staff, registered and deputy managers make sure [person] has good quality of life."
- Feedback from health and social care professionals were also complimentary with comments including, "[Registered manager] has appeared open and honest and has shared information in the service users' best interest to seek advice and support. I am attending an outpatient's appointment with the service next week where I will be provided with an update to any interventions which have been put into place and continue to review the placement and care at Voyage Care."
- Staff were positive about the registered manager for and staff comments included, "[Registered manager] is great. She doesn't take no messing! I feel supported and go to her with a problem. She'll sort it straight away"; "If issues arise they are dealt with really quickly. If something needs to change it happens quickly" and "I want to say how much I'm loving my job and what a strong management team we have. They give me confidence and I work alongside a happy staff team."
- The registered manager was visible about the service and undertook duties which enabled her to observe practice and encourage improvement where necessary.
- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

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

- There was a clear staffing structure that ensured staff understood their roles and responsibilities.
- The registered manager monitored the quality of staff performance and supported staff to improve through the performance management process.
- There were effective systems in place to ensure the quality of the service was monitored and improved. This included a range of audits completed by the registered manager, the provider's quality assurance lead and managers from other services. This meant the provider had clear oversight of the service by reviewing

the findings of the audits.

- The registered manager submitted statutory notifications where required. Providers are required to make notifications to the Care Quality Commission when certain incidents occur.

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

- There were opportunities for people and relatives to provide feedback about the service. There were regular meetings and records showed people had the opportunity to make suggestions about improving the service. There were annual quality assurance surveys that resulted in action plans to make improvements.

Continuous learning and improving care

- The registered manager attended regular meetings with other registered managers to share good practice and learn from others practice.
- The registered manager promoted continuous improvement in staff performance and ensured learning from events. For example, learning and development implemented following the serious incident. This ensured they learnt from events leading to necessary improvements.

Working in partnership with others

- The registered manager had developed positive working relationships with health and social care professionals. We heard back from social and health care professionals the service worked with and have integrated their views of partnership working into this report. Feedback included, "[Registered manager] has been responsive and has engaged in requests to work with outside NHS commissioned services to support the service user. [Registered manager] has been keen to seek support to provide the most appropriate and best practice to support the service user in [Brook Lodge's] care" and "They have a resident whom I am involved with who over the last year has experienced some particularly challenging issues. The team at Brook Lodge have been helpful in their inclusion of other professionals and seeking guidance and support."