

Voyage 1 Limited

# Hutton Avenue

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Hutton Avenue is a care home and provides accommodation and support for up to nine people living with a learning disability. 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's experience of using this service

Fire safety arrangements were not safe. Due to the nature of the concerns we contacted the local Fire Service, who attended and gave the service advice about safe evacuation. Following the inspection, the registered manager took immediate action and ensured people were safe.

People and relatives spoke positively about the care and support provided. The service was adaptable and responsive to people's individual needs and choices, empowering people to live as full lives as possible. The provider had systems in place to ensure people were protected from abuse and harm. Staff completed safeguarding training and were confident any issues raised would be dealt with appropriately. A robust recruitment process was in place and people were involved in the selection of staff.

Incidents and accidents and safeguarding concerns were recorded and reviewed to identify trends or patterns, using the information to drive improvement.

Staffing levels were determined by people's needs. The registered manager regularly reviewed staffing levels to ensure enough staff were available to support people to access the local community. Training was designed around the needs of the people living at the service. Staff received regular supervisions and an annual appraisal. People's medicines were administered and managed safely.

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 received personalised care. People and relatives were involved in reviews of care plans. Staff were knowledgeable about people's life histories, relationships, preferences and care and support needs. People were supported to gain access to health care professionals when required and supported with ongoing health needs. People were involved in all aspects of decision making about their care and treatment.

Relatives we spoke with gave positive feedback. Staff were kind and caring and treated people with dignity and respect. Information throughout the service was available in a format for people to understand the care and support they received. People were supported to take part in activities and interests they enjoyed. People were encouraged to be as independent as possible.

Staff told us they were supported by the management team. The provider had a range of quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support. People, relatives, healthcare professionals and staff had opportunities to give feedback.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the management team during this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection and update

The last rating for this service was good (report published 4 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified one breach of regulation regarding safe care and treatment during the inspection. Please see the 'action we have told the provider to take' section towards the end of the report.

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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hutton Avenue

## 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.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Hutton Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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 the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small. We needed to be sure people and staff would be in.

#### What we did before the inspection

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 also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law. We contacted professionals in local authority commissioning teams and

safeguarding teams. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, operations manager and three support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of two people, a sample of medicines records and other records related to the management of the service. We contacted the local Fire Service and two fire officers attended the service.

#### After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We looked at additional training data and documents relating to fire safety. We spoke with one healthcare professional.

# 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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Fire safety arrangements at the service were not safe.
- Personal emergency evacuation plans (PEEPS) for people on the first floor reported if a fire occurred when people were on their beds staff were to shut the fire doors and advise the Fire Service of their location. This type of evacuation is called a delayed 'stay put' evacuation. A staff member told us fire doors on people's bedrooms allowed a fire protection time of 60 mins. They said the Fire Service had confirmed it was safe for people to remain in their rooms. The registered manager advised they were told it was safe for people to remain in their rooms in the event of a fire. They did not have a record outlining the advice received from the fire service or the property manager.
- The fire risk assessment dated 2015 had highlighted the issue of delayed 'stay put' evacuations as a high risk. This had been reported as addressed in August 2016. However, we found it still in practise during our inspection.
- Due to the issues we identified we contacted the local Fire Service. The Fire Service attended and advised the service on safe evacuation. They confirmed people and staff in the premises should be able to escape to a place of safety, either unaided or with assistance, but without the help of the fire and rescue service.
- Evacuation equipment was not readily accessible. No records were available to show when staff had last completed training on the evacuation equipment. Two staff stated they had completed the training but could not recall when and were not confident when asked to show it in use
- The service did not have effective fire safety record keeping. No fire drill records were available since October 2018. Staff told us they had completed fire drills but could not recall when. The registered manager advised dates were recorded on the provider's electronic system and fire drill record sheets would have been completed. However, the service was unable to locate the fire drill record sheets.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the service trained staff in the use of evacuation equipment, moved evacuation equipment to accessible areas, conducted fire drills and changed people's PEEPs directing staff to evacuate people if safe to do so. The registered manager told us changes have been fully communicated to all staff to avoid any misinterpretation. A new fire risk assessment was completed which highlighted further concerns which were being addressed.
- Risks to people had been identified and plans were created to support people with positive risk taking

without applying restrictions on the person.

- A business continuity plan was in place to ensure people would continue to receive care following an emergency.

Systems and processes to safeguard people from the risk of abuse

- Concerns raised had been fully investigated with alerts made to the appropriate authorities.
- Staff had completed safeguarding training and were aware of the provider's whistleblowing scheme, 'See something, say something.' The registered manager told us the CEO of the company made themselves available to address concerns directly.

Staffing and recruitment.

- Staffing levels were determined by people's needs. The registered manager planned ahead, making sure additional staff were available when people were accessing the community or attending medical appointments.
- The provider continued to operate an effective recruitment process which included obtaining satisfactory references and completing Disclosure and Barring Service (DBS) checks. People were involved in the recruitment process and the selection of staff.

Using medicines safely.

- Medicines were managed safely. Medicines were reviewed in line with STOMP guidelines. STOMP is national project to stop the over-use of psychotropic medicines in people with a learning disability, autism or both.
- Medicine systems were well organised and people received their medicines when they needed them, for example whilst out on activities.
- Staff had completed training for specific medication and received regular observations of practise to ensure they remained at the appropriate standard. The registered manager told us how one nurse was vigilant and recognised changes in a person following adjustments in their medicines. They stayed beyond their shift hours and identified the person had been prescribed an overdose. They relayed the information to the hospital which allowed treatment to commence immediately.

Preventing and controlling infection.

- The home was clean and tidy.
- There were systems in place to ensure people were protected from the risk of infection.

Learning lessons when things go wrong.

- Accidents and incidents were reviewed and monitored to identify any themes or trends, so action could be taken to reduce the risk of any reoccurrence.
- The provider reviewed information from all its services and learning points were cascaded back to staff.

# 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.

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

- People and their families were fully involved in a pre-assessment prior to moving to the service to ensure their needs could be met.
- Information collected during pre-assessments was used to develop people's care plans.

Staff support: induction, training, skills and experience.

- People were supported by an experienced and well-trained staff team.
- Training was created around people's specific needs. The registered manager conducted regular competency reviews and observational checks.
- Staff were given opportunities to review their individual work and development needs through supervision and appraisal.
- Staff told us they felt supported. One staff member said, "[The registered manager] and [deputy manager] are great I can go to them with anything."

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

- People's nutritional and hydration needs were met by the service. People were provided with a choice of food and drinks which met their needs and preferences.
- People were encouraged and supported to take part in food shopping and meal preparation.
- People's weights were monitored enabling the service to identify people if were losing weight or had difficulty eating or drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Care plans were created for individual needs including oral health and gender specific healthcare.
- People were supported with their oral health needs and access to dentists.
- Care records showed healthcare professionals were involved in the care to make sure people's health care needs were met.
- People were supported to attend medical appointments and advice received was added to care records.

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

- The service had a homely feel.
- The premises had been adapted to ensure it met people's individual needs.

- People had personalised their rooms to their own preferences.

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.

- DoLS applications were monitored to ensure re-applications were submitted on time.
- Staff had completed MCA training and supported people with day to day decisions and choices.
- Where relatives had Lasting Power of Attorneys (LPA) these had been sought so the service was clear on the rights of people's relatives in terms of decision making.

# 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 appeared happy in the company of staff. Staff interacted with people in a friendly and respectful way.
- Relatives were complimentary about staff. Comments included "Staff know people inside and out" "Excellent, so dedicated" and "They worship the people."
- Staff were caring and considerate and listened to what people had to say. They were aware of people's preferred communication and non-verbal signs of communication. Allowing people time to express themselves.
- Staff were knowledgeable about people's life histories, relationships, care and support needs, likes and dislikes.
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.
- People were supported to meet their spiritual needs.

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

- People and relatives were involved in decision-making. Relatives told us they were included in discussions about their family member's care and support needs.
- Staff encouraged and supported people to express their views and choices. Regular key worker meetings and house meetings were held to gather people's views.
- People were supported to make decisions in all aspects of their lives, from daily decisions, the running of the service to decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respect.
- People were promoted to be as independent as possible. Care plans outlined guidance for staff to support people with positive risk-taking to complete set goals and achieve successful outcomes. Staff told us how the sense of achievement lifted people and empowered them to go on and complete other goals.
- Staff were attentive to people's needs and recognised when people wished to have privacy, supporting from a distance.
- People's confidential information was held securely and only accessible to staff who needed the

information to perform their role.

# 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 needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care. Care plans were person-centred and detailed. These covered people's histories, relationships and care and support needs. Care plans outlined how the person wished to be supported and gave clear directions for staff to follow.
- Care records were regularly reviewed to ensure each reflected people's current needs. Relatives told us they were involved in discussions about people's care.
- Staff were responsive to people's needs. A relative told us that their family member was discharged from hospital and returned to the service on end of life pathway. They said, "We were told they had three days, so we prepared for the worst. The girls gave care round the clock, they got all the doctors involved, they got rid of all the equipment. It was amazing [person] bounced back. I can't thank them enough."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were designed around people's interests. Staff continually looked for new activities for people and new interesting places to visit. Staff told us about the positive changes in a person who had recently been on holiday. They described how the person had enjoyed the stimulating environment and as a result were planning another trip.
- People were supported to access the local community, visit local shops and pubs.
- Staff supported people to maintain relationships important to them. The provider organised events, such as 'growing together' a gathering for people from all its services.
- Staff promoted physical activities with people enjoying going to the gym and swimming.

Improving care quality in response to complaints or concerns.

- The provider had a complaints process to record, investigate and respond to the issue raised.
- Relatives we spoke with told us they did not have any concerns and were confident any issues would be dealt with appropriately.

End of life care and support.

- The service was not providing any end of life support at the time of our inspection.
- A healthcare professional told us how the service went that extra mile. They told us how the service stepped in to support a person to be fast tracked from hospital to the service to receive round the clock end of life care.

### 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.

- The provider complied with the Accessible Information Standard and information was available to people in various formats to aid their understanding.
- Easy read documents were available for health conditions and relating to the running of the service.

# 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 has now deteriorated to requires improvement.

This meant the management of the service was inconsistent.

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

- Quality monitoring systems were in place, but they were not always effective. Audits undertaken had not recognised the failings in fire safety we found during the inspection.
- Staff spoke positively about their roles and responsibilities. They were enthusiastic about ensuring people received great care and support.
- Staff spoke about the teamwork between all staff and the support received from the registered manager.
- The registered manager had submitted the required statutory notifications to CQC following significant events at the home.
- The provider had values which were reflected in the practice of staff during our inspection.
- The registered manager understood their responsibility regarding the duty of candour and there was an open and transparent culture at the home.

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

- People and their families were encouraged to give feedback about the service.
- Staff had opportunities to express their opinions in supervisions and team meetings. Staff told us they could voice their views and make suggestions.

Working in partnership with others; Continuous learning and improving care.

- The service worked closely with health and social care professionals to ensure people received joined up care.
- Annual reviews took place and involved people and relatives.
- The registered manager and staff were responsive to suggestions and observations made during the inspection to improve practice.
- The management team and nurses attended management and clinical training days to maintain their professional development.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to assess the risks to the health and safety of service users and done all that was reasonably practicable to mitigate any risks, particularly in relation to fire safety. Regulation 12 (2) (a) (b)