

Voyage 1 Limited

Gorse Hill

Inspection report

2 Stephenson Drive
Burnley
Lancashire
BB12 8AJ

Tel: 01282438916
Website: www.voyagecare.com

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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

Gorse Hill provides accommodation and personal care for up to 10 people with a learning disability. At the time of our inspection, there were 5 people living in the home.

People's experience of the service and what we found:

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.

The service demonstrated how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were supported in a kind, sensitive and respectful way. People received person centred support and their needs were met. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Staff were recruited safely, and relevant checks had been carried out. People were supported by staff who had been trained and were appropriately supervised. People's needs were assessed prior to the receipt of service. Care and support had been developed around individual assessed needs and preferences. Staff worked in a way which promoted people's independence. People were supported to access healthcare services to ensure their health needs were met. People received their medicines in a safe way.

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 practice.

Right Care

People were positive about the care and support they received. People were treated with dignity and respect, and their independence was encouraged. Staff understood how to protect people from poor care and abuse. People had personalised support plans which considered their needs and preferences. Any risks to people's health and well-being had been assessed, recorded and mitigated as much as possible.

People could take part in activities and pursue interests that were tailored to them. The staff gave people opportunities to participate in a wide variety of activities that enhanced and enriched their lives. Staff knew people well and communicated effectively with them to ensure they felt understood and valued.

Right Culture

The registered manager and staff promoted a person-centred culture which was focused on meeting

people's individual needs. The registered manager was committed to the continuous improvement of the service. The registered manager and staff sought feedback and worked in partnership with others including health and social care professionals to ensure people received the support they needed. Staff had access to a wide range of relevant training which was refreshed at regular intervals. The provider had established effective systems to monitor the quality of the service.

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

Rating at the last inspection

The last rating for this service was good (published 29 September 2017).

Why we inspected

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

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 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 home was well-led.

Details are in our well-led findings below.

Gorse Hill

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 carried out by 1 inspector.

Service and service type

Gorse Hill 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. Gorse Hill 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 5 people living in the home, 4 members of staff, the deputy service manager and the registered manager.

We carried out a visual inspection of the premises with the registered manager and reviewed a range of records. This included 3 people's care documentation, 2 staff files and 5 people's medication records. We also reviewed a range of records relating to the management of the service.

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, the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Each person's support plan included a series of individual risk assessments, which had considered risks associated with their environment, accessing the community, their care and support, medicines, and any other factors.
- There were arrangements for routine repairs and maintenance of the premises. The safety certificates pertaining to installations and equipment were complete and up to date.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in adverse circumstances.
- All people had personal emergency evacuation plan. This set out the help people would need in the event of an urgent evacuation of the home.

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

- The provider had systems and processes to safeguard people from abuse. Staff had completed training which was refreshed at regular intervals.
- People told us they felt safe and were happy with the care and support they received. One person told us, "I feel safe, because the staff really look after me."
- The provider used computer-based systems to record any safeguarding concerns, accidents and incidents. The data was monitored and reviewed to identify any patterns or trends.
- Various methods had been established to ensure any lessons learned from observations of people's care, incidents, complaints, audits and people's feedback were communicated to the staff team.

Staffing and recruitment

- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- A sufficient number of staff were deployed to meet people's needs in a person-centred way. The registered manager closely monitored the staffing levels to ensure people's needs were met.
- The provider had recruited above their recommended staffing levels. This helped to ensure staff absences were covered by existing staff who were familiar to people living in the home.
- During the inspection, we saw staff had time to speak with people and responded promptly and compassionately to their requests for support.

Using medicines safely

- Medicines were stored and managed safely. Staff administering medicines received training and had their

competency checked to ensure their practice remained safe.

- People told us they were satisfied with the way staff managed their medicines.
- The staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection and control practices.
- The home had a good standard of cleanliness in all areas seen and there was a plentiful supply of personal protective equipment.
- Staff completed detailed cleaning schedules and infection control audits were undertaken at regular intervals.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families.

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, the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support.
- Appropriate applications had been submitted to the local authority for DoLS. There was a system to monitor their progress and when an authorisation was due for renewal.
- Mental capacity assessments and best interest decisions had been completed when necessary.

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

- People were supported to eat and drink in line with their dietary requirements.
- People were consulted about what foods they would like on the menu and were given the opportunity to shop and prepare food for themselves. ☐
- Staff had introduced theme days throughout the year, which enabled people to try and celebrate different types of foods from a broad range of countries. This was known as "Around the World in 12 months".

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

- People were supported with their healthcare needs and staff had strong supportive relationships with other agencies and professionals to provide a flexible and effective service. One professional commenting on their involvement with the service said, "The manager and staff are all amazing, I can't fault them in anyway."

- All people had a health action plan, which detailed past and current healthcare needs. People also had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medicines, care, and communication needs.
- People were supported to attend hospital and medical appointments as necessary. People were registered with a GP and referrals to other health and social care professionals were made as people's needs changed.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills, knowledge and experience to deliver effective care and support. One new member of staff told us, "I have never felt so welcome. It's a wonderful place to work."
- New and existing staff completed the provider's ongoing mandatory training as well as specialist training in line with people's needs. The registered manager had established systems to monitor staff training to ensure all staff completed their training in a timely manner.
- The management team were committed to upskilling the staff team and staff could request additional training in line with their interests. One staff member told us about an advanced training course they were currently undertaking, which was funded by the provider.
- Staff were provided with regular support by means of one to one and group meetings. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

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

- The provider ensured people's needs were appropriately assessed, before moving into the home. The assessments helped to ensure effective care could be planned and delivered.
- Detailed transition plans were drawn up to help people make decisions at their own pace. We saw one person had visited the home on 9 occasions before they moved into the home. The person told us, "I have real fun here. It's a lovely place, we can have a laugh which is great."
- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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

- People were provided with an appropriate environment which met their needs.
- The home was located in its own grounds close to all local amenities. The building had been adapted to form ten bedrooms all with ensuite bathrooms. Some of the rooms also had a living and kitchen area. There were also shared areas, where people could socialise with others. The provider planned to further reconfigure the home to form two new flats.
- The building had been decorated and refurbished throughout and all rooms had been personalised in line with individual preferences. A private outdoor eating and sitting area had been built at the rear of the home.
- Staff had built a large outdoor workshop for one person who had an interest in bicycles and outdoor activities. The person told us how much they enjoyed spending time in the workshop, which had a work bench specially designed for their height.

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, the rating has remained good. 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; respecting equality and diversity

- People were positive about the staff who supported them and said they were treated with consideration and respect. People complimented the staff on the caring and kind way they provided support. One person told us, "The staff are perfect. They are always very nice. I can talk to the deputy manager anytime; he always understands everything."
- The management team and staff focussed on building and maintaining open and honest relationships with people and their families. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- We observed the staff interact with people in a caring and sensitive manner. We saw people were respected by staff and treated with kindness. The atmosphere in the home was welcoming and cheerful. It was clear people and staff had developed positive supportive relationships.

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

- People contributed to and were involved in making decisions about their care and support needs. Where possible, people had signed consent to care forms and they were aware of their support plans.
- The staff understood people's individual likes and dislikes and accommodated these when providing their support. The management team and staff were committed to ensuring the best outcomes were achieved. They spent time with people to understand their needs and preferences. One staff member told us, "My priority and all the staff working here is the people we support. We all have their best interests at heart."
- People were encouraged to make choices about their day-to-day routines, in line with their personal preferences and were encouraged to express their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff offered people opportunities to increase their independence and to have freedom and control over their lives.
- One person used assistive technology to enhance their dignity and privacy.
- The management team had a strong focus on person-led care, where people's views were listened to and acted upon.
- Staff had access to policies, procedures and training about supporting people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.

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, the rating has remained good. 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 had varied lives and received personalised care and support specific to their needs and preferences.
- Each person's file contained information around their care to guide staff on how best to meet their needs. The information included support plans and risk assessments covering their daily living needs including health, social and emotional well-being. Staff had also developed one-page profiles, which provided details about what was important to each person and how they liked to be supported.
- Staff reviewed people's support plans and risk assessments at regular intervals. The registered manager closely monitored the action plans, to ensure any goals were met in a timely way and all tasks were completed.
- People had a monthly recorded meeting with their keyworker to discuss their support, experiences of living in the home, activities and any other issues of their choice.

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

- People were supported to take part in meaningful activities and to engage with the local community in line with their interests and preferences.
- People told us they participated in a broad range of activities, including shopping, going out for meals, gardening and walking. People were also offered the opportunity to go away on holiday. A person showed us photographs of their holiday in London and told us about all the different activities they had done.
- People enjoyed working in the garden and growing their own fruit and vegetables. They grew a variety of produce of their choice and were able to serve the fresh food as part of the menu. One person told us, they had grown peppermint, so they could make their own herbal tea.

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.

- People's communication needs were identified and recorded in their care plans.
- Information was available in a variety of formats and presented in a way people could understand.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure known as "See something, Say something." The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- The registered manager had established a system to record, investigate and analyse complaints. This included a complaints tracker to track the progress of complaints investigation and ensure an outcome.

End of life care and support

- People were offered the opportunity to discuss their end of life wishes if they wished to.
- In circumstances where people required end of life care, the registered manager explained the service would work closely with the person and their family as well as health and social care professionals to ensure the comfort and dignity of the person.

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, the rating 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.

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

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable and respectful of people's needs and preferences.
- Staff told us they felt everyone was receiving a good service and described how much they enjoyed their work. One staff member told us, "I've never loved a job as much as I love this one. It is such a happy place to work and there is great camaraderie."
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to.
- People had valued roles and were designated champions, alongside staff. One person was the health and safety champion and helped to carry out health and safety checks as part of an audit. Another person was a 'quality checker' for the provider and visited other homes to check and report on the quality of the service.

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

- The provider had established effective systems to monitor the quality of the service. The management team carried out audits and monitored the standards and quality of the service. Any actions were recorded on a consolidated action plan which enabled the registered manager to easily check the progress of planned improvements.
- People and staff spoke positively about the way the service was managed and the registered manager's leadership style. One person told us, "It's a very friendly atmosphere. Everyone gets on well." And a member of staff commented, "Both the manager and deputy are brilliant. They are always there to listen, and they help as much as they can."
- The provider and management team used various communication systems with staff, to ensure continuous learning and improvements took place. Staff told us they were comfortable raising any issues or concerns and confirmed the management team were open to feedback.

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

- The registered manager understood and acted on their duty of candour responsibilities.
- People told us the registered manager and staff were open and honest.
- Good relationships had been developed between the registered manager, staff and people living in the home. People living in the home and staff told us they felt valued and respected.

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

- The registered manager and staff involved and engaged people in the service and considered their equality characteristics.
- People and staff were invited to give feedback on the service and had the opportunity to attend meetings and other events as well as complete a satisfaction questionnaire. The house meetings were held monthly and were themed to help people learn and develop. Recent themes included oral health, recruitment of new staff and fire safety.
- The management team had developed, "Research and Embedment" sessions for staff. This initiative was part of upskilling the staff and promoted discussion and good practice.

Working in partnership with others

- The provider and management team fostered and encouraged working in partnership with other professionals and agencies.
- The registered manager and staff sought to ensure people experienced the best possible outcomes through following good practice guidelines. This included consultation with health and social care professionals to meet people's needs.