

Voyage 1 Limited

South Highnam

Inspection report

Park Avenue
Hartlepool
Cleveland
TS26 0DZ

Tel: 01429864848
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

South Highnam is a detached, eight-bedroom, residential care home providing care for up to eight people living with complex learning disabilities including autism. At the time of this inspection there were seven people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way. Staff were kind, caring and respectful and people had developed good relationships with them.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's care was based on detailed assessments and person-centred care plans. Risks to people's safety and wellbeing were appropriately mitigated. People and those important to them had been involved in planning and reviewing their care.

Staff worked closely with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

Staff enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had effective recruitment and induction procedures to ensure only suitable staff were employed.

People's independence was promoted. Staff ensured each person felt included and valued as an individual. People were engaged in meaningful activities of their choice. Staff ensured people maintained links with their friends and family.

The provider had a complaints procedure. People and their relatives or representatives felt confident raising concerns. There were systems for monitoring the quality of the service, gathering feedback and making continuous improvements.

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 4 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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.

South Highnam

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. The Expert by Experience had personal experience of caring for someone who used this type of care service.

Service and service type

South Highnam is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 that they and the provider are legally responsible for how the service is run and the quality and safety of the care provided.

Notice of inspection

We gave the service 48 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 sought feedback from the local authority and professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service. Some of the people had communication difficulties due to their learning disability and complex needs. This meant they could not always tell us about their care and experiences at the service. We spent time with them as they went about their daily routines and observed the care and support being provided.

We spoke with two relatives who were visiting the service during the inspection. We spoke with three relatives and one relevant person's representative (RPR) via telephone. A RPR's role is to make decisions and act on behalf of a person who lacks capacity. We spoke with the registered manager, two senior support workers and four support workers.

We reviewed a range of records. This included three people's care and medication records. We looked at the personnel files for three staff and we reviewed records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means 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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People were very relaxed and interacted confidently with staff. Those who were able told us staff were kind and they felt safe. One relative said, "The staff keep people safe by always checking on them."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being had been assessed. Care plans were in place to mitigate risks and were reviewed regularly. Staff displayed an in-depth knowledge of the people they supported and how to ensure their safety.
- Systems were in place to support people in the event of an emergency, such as a business continuity plan. Each person had a Personal Emergency Evacuation Plan which contained information about how best to support them during an evacuation.
- The environment was well maintained and equipment was safe.

Staffing and recruitment

- The provider operated a safe recruitment process.
- There were enough staff employed to meet people's needs. One relative commented, "There is always enough staff." And another relative said, "There is always senior staff on duty. If someone wants to go out that is always possible as there is enough staff."

Using medicines safely

- People's medicines were managed safely by staff who were trained in administering medicines.
- Medicine audits and checks were completed regularly. A clinical professional from the medicines optimisation team told us, "I have no concerns, medicines have always been well managed in this service."

Preventing and controlling infection

- The home was very clean. One relative said, "The home is absolutely spotless."
- Staff followed the provider's policies and procedures to promote good infection control.
- Equipment was available to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- The provider had a system in place to report and analyse accidents and incidents. Staff responded appropriately when accidents and incidents occurred. The registered manager used incidents as a learning

opportunity.

Is the service effective?

Our findings

Effective – this means 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 remained good. 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's needs and choices were recorded in detailed pre-admission assessments and in line with best practice. These were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff received regular supervision and appraisal. They said they felt supported.

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

- Staff were knowledgeable about people's special dietary needs and preferences.
- People had a choice of meals. They were supported to prepare meals and maintain a balanced diet. One relative told us, "The food is lovely, it smells good, there is always different options, they have nice dinners and they have good celebrations." And another relative said, "I made some veggie beds and brought some seedlings up. We grew some veggies in the garden with people and they use them in the kitchen. It's a great family atmosphere."
- People's weight was monitored closely. Detailed records were completed and regularly reviewed. Professionals were involved as appropriate.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager followed the principles and guidance related to MCA and DoLS.
- Staff understood and applied the principles of the MCA. People were supported wherever possible to make their own decisions.

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

- Staff worked with professionals to ensure people's healthcare needs were met. One relative told us, "They [staff] use learning disability nurses, occupational therapists and relevant health services. They [staff] know who to turn to if they need to."
- People's care records showed relevant health care professionals were involved with their care. This included GPs, district nurses, dentists, opticians and chiropodists.

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

- The home was comfortable and well furnished. People's rooms contained personal possessions to reflect their individual personalities. The décor took into account people's individual needs and preferences.

Is the service caring?

Our findings

Caring – this means 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 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 supported by staff who treated them with patience, kindness and understanding. One relative told us, "Such lovely staff, over and above a normal care home. It's not a care home it's their home." And another relative said, "[Name] receives brilliant care."
- Staff showed concern for people's wellbeing. They knew people very well. Staff worked in a variety of ways to ensure people received care and support that suited their needs. One relative told us, "All the staff need medals. I can't thank them enough, they go over and above everything we could expect."
- Equality and diversity were recognised and promoted by the provider and staff. People were supported to maintain their religious beliefs.

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

- People, where able, and their relatives were involved in decisions about their care. One relative said, "I am involved in all the planning about [Name]'s care."
- The staff team worked well together and with the people who used the service. They consistently engaged people in conversations. One member of staff said, "I enjoy empowering people and making them happy."
- Relatives were kept well informed. One relative said, "The staff are always in touch."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. They were clear this was a fundamental part of their role. One relative said, "They always ask [Name]'s permission." And another relative told us, "People are treated with dignity and respect. For example, they [staff] discuss their money but never in front of anyone else."
- People's independence was promoted. One relative told us, "They [staff] involve [Name] with things like bits of cooking." A professional from the local authority told us, "The service is creative in enabling and supporting residents to actively complete daily living tasks and maintain their home. Residents have been given roles as 'champions' and they take enjoyment and pride from the activities involved with this." These included health and safety, infection control and grocery shopping.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question 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 were empowered to make choices. They had as much control of their care, as possible. One relative told us, "The staff go the extra mile to make sure [Name] gets the choices they want and enjoy." A professional from the local authority said, "Staff ensure residents have a great quality of life which includes supporting them to go on annual holidays as chosen by the resident."
- People had personalised care plans. They clearly described the care and support people required to meet their needs.

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 activities, events and outings of their choice. These included, arts and crafts, baking and going to the pub, the cinema and bowling. One relative said, "People go to places they want to go and do things they want to do."
- Staff supported people to maintain important relationships. Relatives could visit whenever they wanted. They were always made to feel welcome. One relative told us, "The staff are very caring, they make you feel at home, you can come any time you want."

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.

- Staff were knowledgeable about each person's individual communication needs and preferences. They were able to understand each person's requests and concerns. Where people had difficulties with communication, information was made available in different formats.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints. There had not been any formal complaints recorded at the service. One relative told us, "I have never made a complaint, they [staff] just deal with things as they come along." And another relative said, "We have never had any concerns about the home at all."

End of life care and support

- People and their relatives were supported to make decisions and record their preferences for end of life

care. Staff were aware of good practice in end of life care. Professionals were involved, as appropriate, to ensure people were comfortable and pain free.

Is the service well-led?

Our findings

Well-Led – this means 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 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 home had a positive atmosphere. People were central to the culture of the service. Relatives and staff told us the service was well managed.
- The registered manager effectively supported the delivery of person-centred care. One relative told us, "If I need to speak to the manager, things get done 100%. There are never any issues at all, they are unbelievably good."
- Staff were enthusiastic about ensuring people received high quality care and support.

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

- The provider had effective systems in place to monitor the quality and safety of the service. One relative said, "The standard of care [Name] receives is first class. Nothing is too much trouble for any of the staff."
- The registered manager and staff were passionate about their roles and understood their responsibilities. Staff worked well as a team and morale was good. One relative told us, "The staff and manager are very approachable."

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

- The views of people, relatives and staff were regularly sought. They were invited to regular meetings and sent regular feedback surveys. Their feedback was used to make changes and improvements to the service. Relatives told us, "There are relative's meetings", "We get to know each other at Christmas parties and things like that" and "I have done a questionnaire."

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 acted in an open and transparent way. They submitted statutory notifications to CQC following significant events at the home. One relative told us, "[Registered manager] is very frank. If you have an issue, she will talk about it honestly."

Continuous learning and improving care

- The provider was committed to improving knowledge, learning from best practice and sharing this with staff to drive service improvements.

- The registered manager was clear about their priorities for continually improving the service and ensuring a high standard of care was delivered.

Working in partnership with others

- Staff worked in partnership with local commissioners and key organisations to achieve good outcomes for people.
- The service had good links with the local community, such as the churches. This reflected people's needs and preferences.