

Voyage 1 Limited

# Hemlington Hall

## Inspection report

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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

Hemlington Hall is a care home providing accommodation and personal care support for up to eight younger adults with learning disabilities and/or autism. The home is made up of one large house, where six people live and two separate bungalows where two other people live. At the time of inspection, the home was fully occupied.

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.

### Thematic Review

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.

The service used some restrictive intervention practices as a last resort, in a person-centred way and in line with positive behaviour support principles

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

People told us they liked living at the service. Feedback from relatives and visiting professionals was very positive regarding the level of care and support people received.

People told us they received safe care. Appropriate personal risk assessments were in place to keep people safe. Medicines were handled safely, and staff had received appropriate training in this area. The provider continued to have a robust staff recruitment in place.

People's needs were fully assessed prior to living in the home. Staff received training to support them in their role. Staff told us they felt supported by the registered manager. They described the registered manager as open and approachable. Staff felt the registered manager welcomed their feedback. Staff shared with us how

People were supported to maintain a healthy and balanced diet. People were involved in menu planning and they enjoyed their food. Where necessary, people were quickly referred to other healthcare professionals to support their health and well-being.

People told us staff supported them in a very caring way. They also told us staff listened to them if they had any concerns.

People were encouraged and supported to participate in various activities, to maintain and form new friendships and to gain a greater level of independence. Staff also supported people to achieve their own personal goals. For example; one person had been trained on how to complete quality audits. The outcome of which, was this person was now completing audits on behalf of the provider within their other services in the region.

The provider welcomed feedback through various sources. They sent out questionnaires to gather people's opinions, which they used to further improve the level of care and support provided. In addition, the registered manager and provider carried out a range of monthly quality checks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

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 (published 28 February 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in 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 well-led

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Details are in our well-led findings below.

Good ●

# Hemlington Hall

## 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 team consisted of one inspector.

#### Service and service type

Hemlington Hall 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 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service. 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 contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

#### During the inspection-

We spoke with the registered manager and two members of staff. We spoke with two people who lived at the service.

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

After the inspection

We continued to speak with the registered manager to confirm the inspection findings. We also contacted one relative.

# 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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were protected from abuse. The provider had a safeguarding policy in place. Staff had received regular training in safeguarding and were confident in their capability to identify and report any safeguarding issues. Staff told us, "Yes, we have annual safeguarding training and I find it very useful. If any new updates come through, it is always shared with us."
- People told us staff provided safe care. They said, "Yes, I don't have problems - if I have problems I go to see [Registered Manager] and other staff," and "I like living here, I feel safe living here."
- Safeguarding incidents had been reviewed, logged, and notified to the appropriate authorities.
- Staffing levels were appropriate to meet the needs of people. Staff told us they felt staffing levels were appropriate and if people's needs changed, staffing levels were reviewed.
- The provider continued to have a robust recruitment system in place.

Using medicines safely

- People's medicines were handled safely. People told us staff supported them to take their medicine and medicines were always given on time.
- Staff who administered people's medicines had received training to level 3 in the safe handling of medicines. Staff also received regular competency checks regarding their safe handling of medicines.
- The registered manager completed regular audits to ensure people's medication administration records (MAR) were complete and correct. Regular audits were also carried out by a regional manager and quality assurance team to provide further reassurance regarding completeness of these records.

Assessing risk, safety monitoring and management;

- Accidents and incidents were recorded, investigated and reviewed to allow for analysis of any emerging themes or trends. This allowed the registered manager to take appropriate action to prevent reoccurrence.
- Care plans included risk assessments, which supported staff to keep people safe. People's individual risk assessments were reviewed and updated on a regular basis.
- The provider had appropriate environmental risk assessments in place.

Preventing and controlling infection

- Infection control procedures were maintained, and staff received regular training in infection control.
- Adequate amounts of personal protective equipment were available for staff to us, for example, gloves and aprons.
- The premises were very clean, tidy and free from bad smells.

Learning lessons when things go wrong

- The registered manager shared with us, how they reflected upon incidents which had happened and how they used these incidents to learn and improve things going forward. For example, following reflection on a previous incident, the registered manager had changed the process regarding new people coming to live at the home. Now when anyone new is looking to come and live at the home, they always invite the new person for tea, and to spend some time meeting and chatting with people who already live here. This allowed everyone to get to know each other beforehand and people living at the service were happier with this new approach.

# 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 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

- Prior to people coming to live at the home, a full assessment was carried out for each person in line with best practice and guidance.
- People and their relatives (where able), were involved in the creation of care plans. People's care plans included a good level of detail regarding how staff should support and care for each person in the way they wished to be cared for.

Staff support: induction, training, skills and experience.

- Staff had the appropriate skills and experience to care for people. Staff told us as well as completing mandatory training, they also received bespoke training to assist them to support people living at the home. For example, autism awareness and epilepsy awareness. Staff could if they wish request additional training.
- Staff had received regular formal supervision sessions, which was further supported with a yearly appraisal. Staff we spoke with confirmed this. People told us staff cared for them very well. One person told us, "I definitely think staff have the right skills – yes they do."

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

- People enjoyed a healthy, balanced and varied diet. People had access to snacks and drinks throughout the day. People told us they enjoyed the food staff prepared for them and one person told us, "Yes I love the food. Get plenty of – get a choice if you don't like what is on offer you can have something else."
- People were involved in deciding which meals would be on each weekly menu. In addition, staff encouraged and supported people to prepare their own meals to promote their independence.
- Where necessary, people's weights were monitored and any concerns with eating and drinking were referred healthcare professionals.

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

- The provider had formed good relationships with external healthcare and social care professionals including, social workers, community psychiatric nurses and people's psychiatric consultants. One professional had provided the following feedback, "You [registered manager] and your team go above and beyond to accommodate changes at such short notice and ensuring each person's needs are met on an individual basis."
- Each person held an up-to-date hospital passport. These contained important information about each person should they be admitted to hospital.
- People had regular appointments with their opticians, dentists and GP. One person told us, "If I am poorly,

the girls will take me to see my GP."

- Staff knew people well and knew if people were poorly, they told us they would not hesitate to contact people's GPs for advice if required.

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

- The service was currently undergoing a series of refurbishment. Prior to this, certain areas of the home had been painted in darker colours which did not create a welcoming environment. However, the home now had a light and airy feel and feedback had been positive about the changes.
- People's bedrooms were decorated and personalised to their wishes. Comfortable communal areas were also available for people to sit and enjoy each other's company.
- People had access to a large outside garden area which contained tables, chairs and benches where people could come and go as they pleased.
- The registered manager told us, part of the refurbishment included one room being converted into a dedicated games room and people were looking forward to making good use of this room once completed.

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, 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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.

- Seven people were under the local authority restriction of a DoLS. Where people lacked capacity, records showed where decisions had been made in people's best interests.
- Staff were able to explain their understanding of people's capacity.

# 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 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 told us how caring all the staff were. They told us, "Yes, staff treat me well and they know me, they read my care plan," and, "I go to bed when I want, get up when I want and have a shower or bath when I want."
- During the inspection there was lots of very kind, and sincere interactions between people and staff. The inspector overheard staff saying, "Are you nearly ready [Person's Name] for us to go to the gym?" This person shared with the inspector how much they enjoyed going to the gym with staff and how following this, they were then going to a local cinema to see a movie. When they arrived back at the home later in the day, they shared with us how much they had enjoyed their day, in particular their visit to the cinema and especially the popcorn.

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

- People (where able) told us staff discussed their care with them and they felt listened to.
- Care plans included how people wished to spend their day and most importantly, how they wished for staff to support them to achieve 'a typical day.'
- Information about advocacy services was available for people to access and this information was available in easy read format.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and this was evidenced during the inspection.
- Staff were able to explain to us the importance of maintaining people's dignity at all times. They were able to share with us examples of how they would promote and support people to retain their dignity, whilst being as independent as possible.

## 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 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 received care and support based upon their own individual preferences and personal needs.
- The registered manager shared with us how one person living at the home was keen to become involved in completing certain monthly audits. This had required this person to attend Birmingham (with staff support) to undergo training in this role. Following their training, this person began visiting other homes in the region to carry out their audits. The person had enjoyed this so much and had done such a good job, the organisation offered this person a job.
- The registered manager shared with us how one person who came to live at the service, had previously been supported for years in their own home, by one particular key worker. When this person came to live at the home, their key worker continued to visit them, and it became evident how much this person missed their old key worker. This had such a big impact on this person, that the registered manager decided to offer this key-worker a job supporting the person to attend their clubs and activities. The outcome of which was the person became less anxious and they began once again, to engage and enjoy their outings.
- People's care plans were reviewed, on a monthly basis, to ensure the information held was accurate and up-to-date. Any changes in people's needs or progress were captured in care plans and the appropriate changes were made. In addition, people's care needs were also formally reviewed on an annual basis.
- Relatives told us they were kept up-to-date and were consulted regarding their family member's care.

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 engage in activities which were important to them. Activities included visits to a zoo, a local sea life centre and visits to a local swimming pool. One person loved to play pool and the home had recently received a donation of a pool table. The pool table was to take pride of place in the recently refurbished games room.
- Staff valued the importance of people maintaining and forming new friendships. As a result, one member of staff had completed a course on friendship training. The outcome of this, was friendship meetings began to take place. One person had made friends with another person from another home, and they now go the cinema and have lunch together.
- People were supported to set and achieve their goals. One person had shared with staff how they wished to gain a greater level of independence. Staff put protocols in place to support this person which initially started with them walking to their family home independently. This level of independence had grown to where this person now had a bus pass and went into town to visit shops and meet their friends.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. All complaints were actioned appropriately. At the time of the inspection, one complaint was outstanding and the registered manager was in the process of dealing with this.
- People (where able), told us they had not made any complaints, but they knew who they would talk to if they had any concerns.
- The relative we spoke with told us they had no complaints regarding the service.
- The registered manager also held a compliments file. One written compliment recently received from a social worker included, "By [Person's Name] moving to the home, they are receiving care which provides a 'holistic and positive influence' which was desperately needed. They added, "[Person's Name], is now accessing local social groups and is much more inclusive with their peers. Their family have visited regularly, and they too have commented on the change."

#### 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.

- Pre-assessments were used to recognise each person's individual communication needs. This was reflected within each person's care plan. For example, one person liked to have documents printed in bigger letters, so they were easier for them to read.
- Easy read format was used throughout the service to support people, this included for example, questionnaires, health information and advocacy services.

#### End of life care and support

- Care plans included people's funeral wishes. However, they did not contain people's end of life wishes. We spoke to the registered manager regarding this and they agreed they would, going forward, incorporate this very important element within people's care plans.
- At the time of inspection, no one was receiving end of life care. The registered manager told us two staff had completed palliative care training which had been provided by McMillan nurses.

# 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A variety of audits were in place to check the quality of care and service provided. These checks were completed monthly. The regional manager also visited the service to carry out regular audits. Subsequent audits confirmed issues had been addressed.
- The registered manager told us they had staff who were dedicated 'Champions' in various aspects of the service including, health and safety, nutrition and medication. These 'Champions' held a lead role in these areas and it was their responsibility to ensure all associated tasks were completed, along with raising any identified issues to the registered manager for their review.
- The registered manager had notified CQC of incidents in line with their legal responsibilities.
- Staff told us how much they enjoyed working at the service. One staff member told us, "Yes, it is a good place to work, I enjoy working with the residents and working with other staff. It has been busy lately as [Registered Manager] has been working between two homes, but things are settling down now."
- The registered manager attended monthly provider meetings. These meetings allowed registered managers to come together to discuss and review issues, best practice, and any new up and coming initiatives. The provider's operation manager regularly shared information and updates, which the registered manager then cascaded to staff.
- The registered manager worked closely with various other professionals to support and provide good outcomes for people.

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 investigated any matters which were drawn to their attention. Staff at the provider's regional office supported the registered manager to complete this task. They worked in partnership with other agencies and ensured people and relatives were well informed. They were open and honest if things had gone wrong which included offering appropriate apologies.
- Staff spoke well of the registered manager. They told us they were both open and approachable and listened to any concerns they had, be that work related or of a personal issue.

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

- The provider held resident meetings and staff used easy read formats to support people with their understanding of discussions held.

- The provider had sent out surveys to people, relatives and staff. Feedback had been positive with a couple of ideas and issues raised, all of which had been actioned.
- Staff attended team meetings with the registered manager and they told us they felt listened to.
- The provider had introduced a staff Wellbeing initiative. Staff were encouraged to complete well-being action plans which assisted the registered manager to identify and if necessary, source areas of support if required.