

# Voyage 1 Limited

# Highfield Farm

## 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?        | Requires Improvement ● |

# Summary of findings

## Overall summary

### About the service

Highfield Farm is a residential care home, which at the time of this inspection was providing personal and nursing care to eight younger adults with learning disabilities or autistic spectrum disorder. The service can support up to 10 people.

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.

The service was a large home, bigger than most domestic style properties, with two bungalows located on the home's grounds. It was registered for the support of up to 10 people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the main building design fitting into the residential area and the two bungalows annexed to the main building.

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

The service had significantly improved since the previous inspection and all feedback had been robustly addressed before we came to inspect. People and staff recognised the service had improved. One staff member said, "Everything is so much more relaxed and happy, everyone is happier, staff, people we support, completely different atmosphere." The operations manager and service optimisation manager were responsible for the daily running of the service, which was a temporary arrangement until a permanent manager vacancy was filled. The management team were experienced in managing services and supporting them to rapidly improve. The provider had recruited a new manager, who was expected to start after the inspection. People who lived at the service had met the new manager and had an opportunity to ask them questions.

The management team conducted audits and checks to further ensure the quality and safety of services provided to people. The operation of the quality assurance processes had significantly improved and actions arising from audits were being recorded and progressed. As we came to re-inspect the service after a short amount of time, we need to these positive changes sustained at the next inspection to be confident these improvements were embedded.

People received safe and caring support at the service. People received their medicines when they needed them, and there were systems in place to ensure people were protected against the risk of abuse. The premises, including the two bungalows, were clean and there was good infection control practice in place. There was a friendly atmosphere at Highfield Farm, and we saw people looked well cared for.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training which was relevant to their role and people's needs. Staff were supported by the management team and were receiving formal supervisions where they could discuss their on-going development needs.

People's needs were assessed, and care was planned and delivered in a person-centred way, in line with legislation and guidance. Staff knew people and their needs well, and we saw caring interventions and conversations throughout our inspection. People said they enjoyed their meals and their dietary needs and preferences were met. A range of meaningful activities were on offer to keep people occupied, according to their individual interests. Complaints and concerns were well managed, and the manager took prompt action to address any minor issues we raised during the inspection.

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. We identified minor improvements were required to people's records associated with mental capacity to ensure these were consistently signed and dated.

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.

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 inadequate (published 18 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Highfield Farm

## 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 two inspectors and an assistant inspector.

#### Service and service type

Highfield Farm 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 did not have a manager registered with the Care Quality Commission. A registered manager 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

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We approached several local authority commissioning teams for feedback about the service. Barnsley Local Authority's commissioning team gave mostly positive feedback about the service.

The provider did not complete the required Provider Information Return (PIR). 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. However, in light of the previous inspection

rating the CQC agreed with the provider the completion of a PIR was not required so they were able to prioritise improving the service.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the operations manager, service optimisation manager, one senior support worker, two support workers and one bank support worker. We spent time observing daily life at the home.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 inadequate. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to effectively operate systems and processes to prevent abuse of service users. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- The management team and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. One person said, "People who look after me make me feel safe".
- Staff completed an accredited management of actual or potential aggression (MAPA) training course which provided staff with the knowledge they needed to ensure people were protected from abuse. The management team completed regular MAPA drills with staff to ensure they were confident and competent when supporting people with behaviours which may challenge.
- The provider had robust arrangements in place for people who had monies managed by the service. Since the last inspection the management team had increased the frequency of checks to people's personal allowances to ensure financial records were accurate.
- Staff were clear on the service's whistleblowing policy and procedures and felt confident raising concerns should they need to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and doing all that is reasonably practicable to mitigate any such risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff and management had a very good understanding of each individual and how to support them safely.
- People had a range of risk assessments and care plans in place, which provided relevant guidance for staff

to follow, such as how to support a person safely in the community. When risks were identified the management team had implemented relevant assessments and control measures to reduce the risk occurring.

- Risk assessments were reviewed regularly to ensure information was accurate and reflective of people's assessed needs.
- The systems to monitor accidents and incidents had significantly improved since the last inspection. Accidents, incidents and untoward events were monitored both within the service and at provider level. Regular audits were undertaken to capture re-occurring themes, and appropriate action had been taken to reduce the likelihood of similar events occurring again in future.

#### Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to carry out the regulated activity. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were enough staff deployed to ensure people's support needs were met. The service used regular agency staff and processes in place to ensure they were safely inducted.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

#### Using medicines safely

At our last inspection the provider had failed to safely manage people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were safely managed and people received their medicines as prescribed.
- Medication administration records (MAR) were used to record when people had been supported with this task.
- People who received their medicines on an as required basis (PRN) had relevant protocols in place. Protocols are a key means of guiding staff when to administer a person's PRN medication and is of increased importance, if for example, the person is not able to communicate verbally when administration is required.
- All staff had completed training before they were able to administer medicines and received an annual review of their knowledge, skills and competence to administer medicines.

#### Preventing and controlling infection

- People were protected from the risks of infection and the home was clean and tidy.
- Staff had access to the appropriate cleaning materials and equipment. Staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.



# 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 inadequate. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to always work within the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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 service was working within the principles of the MCA. Care was delivered in the least restrictive way possible with non-restrictive interventions preferred. Minor improvements were required to ensure people's capacity assessments and best interest records were consistently dated and signed.
- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected.
- The service had a creative and personalised approach to assessing people's capacity, which meant people's rights to make decisions for themselves were robustly supported. For example, the staff team were

aware a person living at the service would have difficulty engaging with more traditional methods of assessing capacity, such as asking a series of questions. The service added a fun element to the assessment process by putting the questions into a quiz, which proved much more effective at getting the person to engage.

- The management team understood their legal requirements under the Act. Staff were trained and understood the requirements of the Act in general and any specific requirements of authorised DoLS.

#### Staff support: induction, training, skills and experience

At our last inspection the provider had failed to give staff appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People were supported by staff who had ongoing training, appropriate to learning disabilities care. Training records showed training was kept up to date. When we asked a staff member what was good about the service they said, "Everything, it's amazing from one week to the next, training is enlightening."
- The provider had made significant improvements to the support and training they provided to all staff in regard to supporting people with behaviours that challenge. Staff were encouraged to attend reflective meetings with managers after each incident or untoward event to promote continued learning and development.
- The service benefitted from the knowledge and expertise of a behaviour support therapist, who visited the service almost weekly. They provided person-specific training to staff to help them understand each person's behaviours and how to effectively support them.
- Staff spoke highly of the support and supervision they received from the management team.
- Staff were also able to access a 24-hour helpline should they need to discuss their personal or work issues in confidence.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- Care planning was undertaken in line with best practice guidance and research.

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

- Supporting people to eat and drink was a fundamental aspect of their support plan. This included comprehensive assessments for those people with additional needs such as swallowing difficulties or the requirement to have an adapted diet.
- Plans for eating and drinking were developed collaboratively with people and their representatives. Systems were in place to monitor the amounts people were eating and drinking. Records demonstrated that where concerns in this area had been identified, timely interventions were sought from other professionals such as a dietician or speech and language therapist.

#### Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a number of agencies, such as GPs and social workers to provide effective care and

support and meet people's healthcare needs. For example, the service had worked with healthcare professionals to develop epilepsy support and management plans.

- People had health action plans and had regular health checks from learning disabilities nurses, GPs and dentists to help keep them healthy. Information and advice from professionals was recorded to help ensure people's needs were met.
- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them

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

- The service was developed prior to the Registering the Right Support guidance. The service was registered to provide care to up to 10 people across a cluster of three buildings; one house and two bungalows. Therefore, the service size adhered to guidance.
- Within the constraints of the environment, the service delivered person centred care and support. Risks in relation to premises and equipment were identified, assessed and well managed.
- The service was well decorated, with people having a say in how it was decorated. During the inspection we saw certain areas of the service was in the process of being redecorated.
- The service supported people's independence, using technology and equipment.

Supporting people to live healthier lives, access healthcare services and support

- The service worked and communicated with other agencies and staff to enable effective care and support.
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met.

# 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 requires improvement. At this inspection this key question has now improved to 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 looked comfortable and relaxed in the presence of staff. We saw staff had developed good positive relationships with people and knew their bespoke methods of communication. People commented, "I like (living at Highfield Farm), I enjoy it. I like the staff and how friendly it is."
- People looked well dressed and groomed indicating staff were assisting them with their personal care appropriately.
- Information on people's past lives was recorded to assist staff better understand them. Staff and the management team demonstrated a good understanding of the people they were supporting.
- One person told us staff were very supportive and caring. They added, "They always know when I am upset" and how to support me.

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

- Staff supported people to make decisions about their care.
- Each person had a 'decision making profile' which gave tailored guidance for staff to follow on how to deliver information effectively to the individual. For example, one person's decision making profile recorded that they prefer information to be given to them in bite-size chunks, using simple dialogue and not to give too many choices at once. The plan also went on to say when was best for staff to approach this person to make a decision and when not to.
- We saw staff asking for consent from people before supporting them.
- There was a strong focus on listening to people and acting on their views. For example, the provider had involved people in the recruitment of a new manager through a meet and greet session.

Respecting and promoting people's privacy, dignity and independence

- Staff interacted with kindness and compassion throughout our inspection, treating people with dignity and respect.
- The service actively encouraged people's independence. For example, people had access to a communal kitchen which was adapted to meet their needs. Throughout the inspection we saw staff support people to prepare their own meals and shop for ingredients.
- One person living at the service was employed as a 'quality checker'. With the support of a manager they carried out checks at the home and at other provider services. Their feedback contributed to the running of the service and was listened to by the provider.

- Care plans focused on helping people to achieve independence. The service reviewed people's goals and achievements on a regular basis.

# 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 requires improvement. At this inspection this key question has now improved to 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's care needs were assessed, and clear and detailed plans of care put in place. These were largely appropriate, person centred and regularly reviewed.
- People's likes, dislikes and what was important to the person were recorded in people's care plans.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

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 assessed, and the service ensured that steps were taken to communicate effectively with people. This included the use of aids, and bespoke communication techniques. We saw these used to good effect during the inspection to provide comfort and reassurance to people.
- Communication about people's needs and any changes in their care and support was shared appropriately with staff through daily handover, ongoing daily communication and regular team meetings.
- Information was presented in an accessible format, for example easy read information about people's care and support was in place to promote understanding.

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 told us they were happy with the care and support provided by staff and staff supported them to follow their interests and hobbies.
- People had access to a range of activities which included bespoke individual activities. Many people who used the service went to college, which the service supported people to attend.
- The service had its own transport to increase flexibility of activities and social opportunities available to people.
- The management team established community links through planned events at the home, which friends, family and external services were invited to. For example, in June 2019 they had planned a themed event

around people's safety and well-being. The local fire and police service were invited to attend to deliver talks about safety.

- People were supported to go on holidays of their choice and trips outside of the home.

#### Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to always respond and maintain a record of all complaints, outcomes and actions taken in response to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 16.

- The provider had systems in place to log, investigate and respond to complaints. Since we last inspected we saw the provider had followed their complaints procedure.
- Information on how to complain was clearly displayed in the home. People who used the service told us they would feel able to raise any concerns with the management team if they needed to.

#### End of life care and support

- At the time of this inspection, no one was in receipt of end of life care. However, through good person-centred care, should a person require end of life care, we were assured the service would be responsive to their needs, wishes and beliefs.
- The service worked with families and people to assess and document their end of life wishes. These were clearly recorded within care plans.

# 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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent.

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

At our last inspection the provider had failed to have effective systems in place to monitor the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Since we last inspected the service the registered manager had left, and temporary management arrangements were put in place by the provider to help maintain the running of the service, as well as address areas of concern. The service was run by an operations manager and service optimisation manager, who were experienced and skilled at supporting services to improve.
- There were clear signs of improvement at the service, which was reflected in feedback from people, external stakeholders and staff. Staff said they had confidence in the management team and the support they received had improved. One staff member said, "Everything is so much more relaxed and happy, everyone is happier, staff, people we support, completely different atmosphere."
- Despite significant improvements being found, as we came to re-inspect the service after a short amount of time, they were unable to demonstrate improvements had been sustained over a long enough period to achieve a rating of good. This is supported by the lack of a consistent manager, which is anticipated to change again once the new manager commences their employment in July 2019. The provider assured us the new manager's transition will be carefully supervised by the management team.
- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements. However, as the quality assurance systems were operated effectively for less than six months, this meant we needed to see this improvement embedded at the next inspection.
- The provider audited the service on a periodic basis, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing our concerns from the previous inspection and additional resources were provisioned to raise standards, such as onsite support by a senior manager and behaviour support therapist.

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



outcomes for people; 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 management team and provider had good oversight of the service. They were committed to providing a person centred care experience to people and to encourage independence within the constraints of the environment.
- Staff shared this philosophy and were dedicated to ensuring care and support met people's likes and preferences. We observed this in practice during our inspection.
- People and staff praised the management team and told us they were approachable and had an 'open door' policy. We saw this during our inspection.
- The management team had sent statutory notifications to the Commission as required.

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

- We observed a pleasant and inclusive atmosphere within the home.
- People's feedback was sought and valued through a variety of mechanisms. This included monthly resident meetings, review meetings and annual surveys.
- Staff feedback was valued and sought through monthly meetings and an annual survey. We saw evidence actions were being taken to address any negative comments received.

Continuous learning and improving care

- The provider and management team were committed to continuous improvement of the service, learning from incidents, audits and new guidance/best practice to help improve the service.
- The management team was committed to improving people's care and support outcomes.

Working in partnership with others

- The management team had made good links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.