

Voyage 1 Limited

Falcons Rest and Poachers Cottage

Inspection report

Falcons Rest
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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

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.

About the service

Falcons Rest and Poachers Cottage is a residential care home providing personal care for up to 14 people. The site consists of 2 purpose-built houses, named Falcons Rest and Poachers Cottage respectively. The service provides support to younger adults with a learning disability who may also have physical disabilities and/or sensory impairments. At the time of our inspection, 14 people were living at the home.

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

Right Support

People received personalised care and support built around their needs and wishes. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People's needs were assessed, and care plans were developed with them, and their relatives where required. People's safety risks were considered, and clear guidance was in place to support staff. 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. Staff enabled people to access specialist health and social care support in the community. Staff supported people to maintain relationships that were important to them and engage in activities they enjoyed.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff promoted equality and diversity in their support for people. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments, or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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 7 June 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staff practices. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Falcons Rest and Poachers Cottage on our website at www.cqc.org.uk.

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 service was well-led.

Details are in our well-led findings below.

Falcons Rest and Poachers Cottage

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 2 inspectors.

Service and service type

Falcons Rest and Poachers Cottage 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. Falcons Rest and Poachers Cottage 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

At the time of our inspection there were 2 registered managers in post. One registered manager was on planned long term leave.

Notice of inspection

The first day of the inspection was unannounced. The second day was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people who lived at the home about their experience of the care provided and 4 relatives. We spent time observing how people were cared for. Additionally, we received feedback from a further relative via email.

We spoke with 8 members of staff including the registered manager, an acting manager from 1 of the provider's other homes who was supporting the registered manager, senior care staff and care staff.

We reviewed a range of records that related to people's care and the management of the service. This included 3 people's care records, which included risk assessments and 3 people's medication files. We also looked at other documents such as, training, quality assurance records, policies, and procedures and 5 staff files in relation to recruitment 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 our last inspection we rated this key question 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

- People were receiving safe care and treatment.
- People's risks associated with their health and well-being had been identified, assessed, and recorded as part of their initial assessment.
- The provider had detailed care plans which reflected people's individual care needs. Where a person had more complex health needs, additional information was documented in care plans to ensure staff had the necessary information to carry out their roles. For example, support guidelines were in place to recognise people's levels of anxiety and how best to support them.
- People had specific bowel care documentation which was detailed and advised staff with information to follow up on concerns.
- We saw records demonstrated when people's needs changed, staff had responded effectively and shared concerns with medical professionals. This helped to ensure people were provided with the care they required to mitigate risks to their health.
- Staff managed the safety of the living environment and equipment in it through checks and actions to minimise risk. We found some windows were not compliant with safety regulations. The registered manager who, with the provider, took immediate action to ensure restrictors were put in place to help keep people safe. In addition, people's safety could be enhanced further by wardrobes being secured to the wall to ensure risks to people's safety was mitigated. The registered manager and provider immediately took action to address this.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- The provider had effective safeguarding systems, policies and procedures in place and staff were aware of how to access them.
- Staff had completed safeguarding training and understood and recognised the signs of abuse or neglect and knew what action to take if they felt people were at risk.
- People's relatives confirmed they felt people were safe. One relative told us, "[Person's name] is definitely safe there." Another relative said, "[Person's name] is safe at the service, their needs are met."
- The provider and registered managers understood their responsibility to report allegations of abuse to the local authority and the Care Quality Commission (CQC). Concerns were monitored and investigated by the provider and action taken to reduce risk to people.

Staffing and recruitment

- Staffing arrangements met people's needs. One staff member said, "There are enough staff on shift, people are safe."
- Agency staff were used when needed. To help with continuity of care the same agency staff were used as much as possible. One staff member told us, "Agency staff have been good and help out, they know people well."
- Staff told us people would benefit more if they were able to get more 1:1 staffing hours support for people. People were able to enjoy 1:1 support to take part in activities and visits. However, staff told us additional 1:1 staffing would be beneficial so people could participate in more of the things they enjoy without having to share a staff member.
- The provider had recruitment checks in place prior to staff employment to ensure they were suitable to work with vulnerable people. The checks included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. One person's staff file did not contain an employment reference. This had been followed up.
- People's care records contained a 1 page profile with essential information and do's and don'ts to ensure new or temporary staff could see quickly how best to support them.

Using medicines safely

- People were supported to take their medicines by staff who were trained and assessed as competent.
- Medicine Administration Records (MARs) viewed were fully completed and well managed, supporting safe administration practices. Protocols for 'as and when' [PRN] medicines were in place for staff to follow. For example, PRN protocols for staff guidance when administering paracetamol.
- Staff had received competency checks from the registered manager. The competencies covered a range of topics which included, controlled drugs, STOMP (stopping over-medication of people with a learning disability, autism or both), and bowel care, which had recently been reviewed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visitors, and we observed family members visiting the service during our inspection.

Learning lessons when things go wrong

- Systems were in place to review and learn from any accidents, incidents and mistakes that happened. This enabled staff to learn from them and to reduce the risk of them from happening again.

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 our last inspection we rated this key question good. At this inspection the rating has 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 had been assessed. This ensured they could be supported in their preferred way.
- Care plans reflected a good understanding of people's needs, including relevant assessments such as, autism, cognition, communication support and sensory needs.

Staff support: induction, training, skills and experience

- Staff completed an induction when joining the service. This consisted of face-to-face training, eLearning and shadowing experiencing staff.
- Staff had completed mandatory training relevant to their role. This included, first aid, equality and diversity, health and safety, learning disability, autism, epilepsy, food hygiene and the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager also checked staff's competency to ensure they understood and applied training and best practice to effectively support people's needs.
- Staff told us they were supported in their roles and received regular supervisions from the management team. One staff member told us, "I have done a lot of training, [registered manager's name] is giving us more now. It is beneficial to the role. I would be supported to do extra training if I asked."

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

- People were supported to eat and drink enough and maintain a balanced diet.
- Staff knew people's preferences or dietary needs and supported them appropriately. People were given choices. For example, choices of sauces, drinks, and what cutlery they would like. Objects of reference were used for people to make their own cutlery choices.
- However, in Falcons Rest, some people told us they did not have an input into food choices. Staff told us they had suggestions to address this which would offer people more choice and involvement. Monthly meetings evidenced the menu was discussed, and people were asked for their suggestions such as, 'if there are any meals they would like to be considered to be built into the rolling meal plan.' People's comments included, "Lasagne," "Fish and chips," and "Happy with the food."

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

- Staff supported people to access a range of healthcare professionals. Records showed people were supported to attend the dentist, opticians, GP and hospital appointments.

- People's care plans contained information on their health needs and staff clearly recorded and logged any changes to people's needs, and following any appointments, recording any recommendations or advice given. This helped ensure people remained well.

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

- People's bedrooms were personalised and decorated to their taste and preferences. One relative told us, "We like [family member's] room and [person's name] loves her room."
- People had access to communal areas and outside space.
- The provider had plans in place to ensure continual improvements to the home environment were made, including redecoration of areas and bathrooms that required new flooring.

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.

- We found the provider and registered manager were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People were supported to make their own decisions wherever possible, and staff respected people's choices.
- Mental capacity assessments and best interest meetings had been held where necessary. Records reflected this. Where the person lacked capacity, staff supported them in the least restrictive way.

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 our last inspection we rated this key question 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

- We reviewed care plans which were detailed and promoted people's choices and preferences.
- People had designed posters in their bedrooms which identified their choices and how they liked to be supported.
- One person told us, "I like going out and about, I go to the café, I love it here."
- Staff spoke positively about their roles and said they supported people to attend activities they enjoyed. One staff member said, "I enjoy making a difference, going out with people. We go to the beach and the safari park and also attend regular sessions like rebound therapy and swimming."

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

- People were supported to express their views and be involved in making decisions about their care, this was evidenced in their care plans. For example, people were actively encouraged to express their preferences and choices.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g., due to cultural or religious preferences.
- Staff supported people to maintain links with those that are important to them. For example, 1 person was supported to remain in touch with their family member using technology.

Respecting and promoting people's privacy, dignity and independence

- The provider had processes in place to ensure privacy and dignity was maintained.
- Staff told us their role was to promote people's independence and support people to gain further independence skills. One staff member told us, "We are always encouraging independence; we promote people to do as much as they can for themselves."
- People told us staff promoted their independence and encouraged them to do as much as they can. One person said, "Staff are good, I like them, they help to put my underwear and socks on."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question 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's care and support had been developed in collaboration with individuals and those important to them. This ensured people's history and preferences, likes, dislikes, lifestyles and interests were known. For example, preferences for gender of staff supporting people were identified and appropriate staff were available to support them. Support plans provided clear guidance for staff to follow.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs and making reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. For example, triggers and what actions to take.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. For example, 1 person's communication plan lists the things they may say and what they mean.
- There were visual structures, including photographs which helped people. For example, a pictorial menu board and activity planner.

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 with activities. One relative told us, "[Person's name] has had opportunities to do things which they never did when living at home e.g., baking, gardening, and [person's name] has made friends with several ladies of similar age to her own in Poacher's Cottage. [Person's name] has not complained about things, I believe my [family member] is happy at Falcons Rest."
- Staff spoke enthusiastically about supporting people with activities. One staff member told us, "We do big trips such as to the beach and smaller trips such as going out for lunch. We take a blender with us to the pub for the people who have pureed foods, so they are included."
- Another relative told us, "[Person's name] does enough activities." However, another relative said, "I Wish

[person's name] could do more, go out more, do more activities. I would like [person's name] to have more 1:1 funding to enable this."

- People were able to maintain relationships important to them. For example, people's relatives visited them, and people went home to visit their families.

Improving care quality in response to complaints or concerns

- People, and those important to them, knew how to raise any concerns and complaints. One relative said, "We are more than happy with the service, no complaints at all." Another relative told us, "We raised a complaint in the past and the situation was sorted satisfactorily."
- The provider had a complaints procedure in place to ensure all concerns and complaints were treated seriously, investigated and learned lessons from the results. The registered manager shared the learning with the whole team and the wider service.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- End of life care and support plans were being developed sensitively with discussions with people and their relatives, where applicable.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 worked hard to instil a culture in which staff were truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People's needs and wishes were at the centre of everything they did.
- We observed positive interactions with staff and people living at the service. Staff knew people well and shared their knowledge of people's choices and preferences.
- Staff told us they felt more involved and valued since the new registered manager had been in post. One staff member said, "Communication has improved since [registered manager's name] has been here, there is a big push here for it. [Registered manager's name] is approachable and always around. She interacts with the guys (people who used the service) too."
- Another staff member told us, "I find [registered manager's name] a lot better, more approachable, she acknowledges what you have done and says thank you. Communication is a lot better since [registered manager name] has been the registered manager, comments used to be just put in the book, now we discuss it as well."

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 managers understood their responsibilities under duty of candour to be open and transparent about incidents and apologised to people, and those important to them, when things went wrong.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. They had previously managed another of the provider's services and supported the registered manager before registering with CQC as the registered manager for Falcons Rest and Poachers Cottage. One relative told us, "There has been a turnover in management, (I) feel very confident in [registered manager's name]." Another relative said, "[Registered manager's name] is lovely, rings us, keeps us involved and informed."
- Staff understood their responsibilities in providing good care for people. This was evidenced through talking with staff and our observations throughout the inspection.
- There were systems in place to monitor the quality of the service and identify areas of improvement.

Where audits had identified improvements, these were recorded in the registered managers home action plan and on the provider's consolidation and improvement plan.

- The provider and registered manager understood their regulatory responsibilities and had notified the Care Quality Commission [CQC] of incidents as required.

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

- People who used the service were asked for feedback and encouraged to participate in the development of the service. For example, during monthly meetings. People were able to raise any issues, concerns and make suggestions such as, maintenance issues, activities, and menu suggestions.
- People's family members were kept up to date during visits and annual reviews. One relative said, "We are always kept informed, especially through COVID-19, we were provided with updates, and sent photos as we couldn't see [family member]. We were very impressed." However, 1 relative told us, "A bit more information would be good."
- Staff meetings were held for staff to discuss any concerns and share information. Staff told us they felt communication had improved and they felt more involved and were kept informed. One member of staff said, "[Registered manager] explains changes to us and changes in (people's) support needs."
- Annual surveys were sent out to people, families, and staff to complete to obtain suggestions and ideas. This year's surveys were due to be sent out.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to review and learn from any incidents. There were also systems in place to share organisational learning.
- The registered manager told us they felt supported by the senior management team and the different departments within the organisation. They attended regular management meetings to share learning and receive updates. They also received updates from CQC, National Institute for Health and Care Excellence (NICE) and Skills for Care.
- The staff team worked in partnership with other organisations to support care provision. For example, professionals such as GPs, psychiatrist, and social workers.