

Voyage Limited

Hunters Lodge

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

The inspection took place on 18 and 25 September and was unannounced.

Hunter's Lodge is a 'care home' which provides accommodation and personal care for up to ten people with a learning disability, mental health needs, an acquired brain injury or multiple complex needs. At the time of our inspection visit, ten people were living at the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a registered manager and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 17 February 2016, the service was rated Good. At this inspection, we found the service remained Good.

Staff received training in, and understood, their responsibility to protect people from abuse and neglect. The risks associated with people's care and support needs had been assessed, kept under review and plans were in place to manage these. The provider's staffing arrangements meant people's needs could be met safely, and in a person-centred way. People received their medicines safely and as prescribed. Steps had been taken to protect people, visitors and staff from the risk of infection.

People's individual needs and requirements were assessed prior to them moving into the home. Staff received an effective induction, further training and ongoing management support to enable them to succeed in their roles. People had support to eat and drink safely and comfortably, and any associated risks or complex needs were assessed and managed. Staff played a positive role in helping people maintain their health and attend routine medical appointments. People's rights under the Mental Capacity Act 2005 were understood and promoted by staff and management.

Staff approached their work with kindness and compassion. People had support to express their views and opinions, and participate in decision-making that affected them. People's privacy, dignity and independence were promoted by staff and management.

People received person-centred care and support, which reflected their individual needs and requirements. They received support from staff to participate in a range of recreational and social activities, based upon their known interests and preferences. The provider had procedures in place to promote good complaints handling.

The management team promoted an open and inclusive culture within the service. People, their relatives and staff felt able to approach the management team at any time. Staff benefitted from effective leadership, and felt valued and well-supported in their work. The provider carried out audits and checks to assess and improve the quality of the care and support people received.

Further information is in the detailed findings below.

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 remained Safe.

Good ●

Is the service effective?

The service remained Effective.

Good ●

Is the service caring?

The service remained Caring.

Good ●

Is the service responsive?

The service remained Responsive.

Good ●

Is the service well-led?

The service remained Well-led.

Good ●

Hunters Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 25 September 2018 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during the planning of our inspection of the service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the provider had sent us. Healthwatch are an independent national champion for people who use health and social care services. A statutory notification is information about important events, which the provider is required to send to us by law.

During the inspection visit, we spoke with three people who used the service, five relatives, one person's friend and a community health and social care professional. In addition, we spoke with the registered manager, one senior care staff member and four care staff. We looked at a range of documentation, including four people's care and assessment records, safeguarding records, medicines records, complaints records, accident and incidents records, and staff training records. We also looked at two staff members' recruitment records and records associated with the provider's quality assurance.

We also spent time in the communal areas of the home and the home's rear garden to observe how staff supported and responded to people.

Is the service safe?

Our findings

At our last inspection, we rated this key question as Good. At this inspection, we found the provider continued to protect people from harm and abuse. The rating for this key question remains Good.

People told us they felt safe living at Hunters Lodge. One person explained, "The home will always protect me ... I've never had anyone treat me badly here." People's relatives were confident staff protected their loved ones' safety and wellbeing. One relative said, "I do feel [person's name] is safe. All the carers [staff] seem to have their best interests at heart." Another relative told us, "We know [person's name] is safe, secure and definitely happy here."

The provider took steps to protect people from harm, abuse and discrimination. Staff received training on, and understood, their individual responsibility to remain alert to and report any abuse or neglect. One staff member told us, "I would go to the registered manager straightaway and, if it was not being dealt with properly, I'd go to the operations manager and then, if needed, I'd whistle-blow." The provider had procedures in place designed to ensure details of any suspected or actual abuse were shared with the appropriate external agencies, such as the local authority, police and CQC, and investigated.

The known or foreseeable risks to people's health, safety and wellbeing had been assessed, recorded and kept under review by the provider. This included any risks associated with people's mobility needs, their long-term medical conditions, their nutrition and hydration and any potential for challenging behaviour. Plans were in place to manage these risks, which staff followed to keep people, visitors and themselves as safe as possible. Staff told us they were kept up to date with any changes in risks through, amongst other things, 'handovers' between shifts. 'Handover' is a face-to-face meeting in which staff leaving duty update those arriving on shift about people's current care needs and any changes in risk. The provider and the home's management team monitored any accidents or incidents involving people living at the home, to learn from these events and prevent things from happening again.

People, their relatives and staff felt the staffing arrangements at the service enabled people's individual needs and requirements to be met safely. One person told us, "There are always staff around if I need something or someone to talk to." A relative said, "They seem to have plenty of staff on duty." The provider adhered to safe recruitment practices, as part of which they carried out pre-employment checks to ensure prospective staff were suitable to work with people at the home.

The provider had systems and procedures in place to ensure people received their medicines as intended, and that accurate and complete medicines records were maintained. Staff involved in the handling and administration of medicines received training and underwent annual competency checks. People's medicines held on site were stored securely in the home's medication room, and regular medicines stock checks were carried out to check people had received their medicines. People's ability to manage their own medicines was assessed and actively promoted. One person described how staff gave them the prompts and physical assistance they needed to take their own medicines. The management team were proactive in organising medication reviews with the relevant healthcare professionals to promote people's health and

wellbeing.

The provider had taken steps to protect people, staff and visitors to the home from the risk of infections. The registered manager acted as 'infection control lead', reviewing and seeking to improve upon infection control practices at the home. Staff had received training in the home's infection prevention and control procedures, and people's care plans stipulated the expected use of personal protective equipment (disposable aprons and gloves). Cleaning protocols were in place to maintain standards of cleanliness and hygiene, and we found the home to be clean and fresh-smelling.

Is the service effective?

Our findings

At our last inspection, we rated this key question as Good. At this inspection, we found people continued to receive care and support that achieved positive outcomes and promoted a good quality of life. The rating for this key question remains Good.

Prior to people moving into Hunters Lodge, the registered manager, or a manager from another of the provider's homes, met with them, their relatives and the community professionals involved in their care to assess their individual needs and requirements. The registered manager understood the need to take into account people's protected characteristics in the assessment and care planning processes, and staff had received training on equality and diversity to help them avoid any form of discrimination in delivering people's day-to-day care and support. People had access to the care equipment needed to enhance their personal safety and wellbeing, including height adjustable beds.

People and their relatives had confidence in the knowledge and skills of the staff working at Hunters Lodge. One person explained, "They [staff] all have training. I see them doing it a lot." Another person described how staff knew how to reduce the risk of them falling over, adding, "I think they [staff] know what they're doing." A relative said, "They [staff] appear to be well-trained in caring for all the residents and I'm confident they look after [person's name] to the best of their abilities."

New staff undertook the provider's induction training to help them understand and settle into their new role. This included the opportunity to work alongside more experienced colleagues and read people's care plans. One staff member told us, "It [induction] was really good and I felt really supported." Following induction, staff participated in a rolling programme of training shaped around their duties and responsibilities, and people's care and support needs. Staff spoke positively about the training provided to help them work safely and effectively. One staff member told us, "I would rate it [training] as really good. It's really informative and effective." Another staff member described the benefits of their training on how to deploy staff effectively, adding, "It has helped me run my shifts and decide where to place staff." Aside from training, staff attended regular one-to-one meetings with the management team to discuss any additional support and training they may need and receive constructive feedback on their work. On this subject, a staff member told us, "You can express anything you have on your mind."

People told us they liked the food and drink on offer at the home, and that staff helped them choose what they wanted to eat on a day-to-day basis. One person explained, "I'm more in control than I was in my last place; I can choose what I eat." We saw people received any physical assistance needed, and had access to appropriate eating or drinking aids, to enable them to eat comfortably and safely. The specific needs or risks associated with people's eating and drinking had been assessed and plans put in place to manage these. The management team adopted a proactive approach to engaging nutritional specialists, such as the local speech and language team, in these processes. People were encouraged to follow a healthy diet, based upon the seasonal organic produce grown on site, that promoted their health and wellbeing. This approach had enabled one person to lose a significant amount of excess body weight, with resulting benefits to the management of their diabetes. One person explained, "They [staff] have said to me about

healthier options ... I make my own menu and go [food] shopping each week. They help me with my choices."

The management team and staff liaised with a range of health and social care professionals to ensure people received joined-up care and experienced positive outcomes. People were supported to attend routine health appointments to ensure their general health and any long-term medical conditions were appropriately monitored. People's care files included details of their medical history, and clear guidance for staff on their role in managing their current long-term medical conditions, such as diabetes and epilepsy.

The management team and staff had made significantly efforts to adapt the home and grounds to promote people's safety, wellbeing and quality of life, and to reflect individual needs and interests. This was evident in design and use of the home's extensive rear garden, which included a sensory garden, an art shed, a greenhouse and vegetable patches for people to grow organic produce for consumption and sale. Also located within the garden was a caravan provided for one person from a Romany background, and a remembrance orchard. A relative told us, "The accommodation is lovely. All the rooms are on the ground floor and there is privacy [for people]."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found the registered manager and staff understood people's rights under the MCA. Appropriate applications for DoLS authorisations had been made, and the registered manager reviewed any conditions on granted authorisations in order to comply with these. We saw staff sought people's permission before carrying out their routine care and support, and that formal mental capacity assessments and best-interests decisions had been recorded in relation to significant decisions about people's care and support.

Is the service caring?

Our findings

At our last inspection, we rated this key question as Good. At this inspection, we found staff continued to treat people with kindness, compassion and respect. The rating for this key question remains Good.

People and their relatives told us staff adopted a kind and compassionate approach towards their work. One person said, "They [staff] are all lovely and fantastic. If they didn't care, they wouldn't be working here as [registered manager] would sack them! She vets them all." Another person told us, "I find them [staff] very, very caring." A relative told us, "It's a wonderful team; they're more like a family ... You couldn't get more caring staff." The staff we spoke with clearly knew the people they supported well, including how to adapt their communication to suit individual needs. We saw people were at ease in the presence of staff, and freely engaged them in conversation. Staff were attentive to people's needs and requests, and responded promptly to any signs of individuals becoming distressed.

People had support to express their views and wishes and participate in decision-making that affected them. Their communication needs and preferences had been assessed, and staff had been provided with guidance and training on how to promote effective communication with individuals. This included the training on the use of the Picture Exchange Communication System (PECS) and Makaton. PECS and Makaton are communication programmes using signs and symbols to help people to communicate. The management team supplied people with information in alternative, accessible formats, including large-print and easy-read materials, to aid their understanding. People had support to access local independent advocacy services to ensure their voice was heard regarding any important matters affecting them, and two people were currently being supported by an advocate at the time of our inspection.

People and their relatives told us that staff promoted people's privacy and dignity. We saw staff spoke to people in a respectful manner and took prompt action to protect their modesty, in response, for example, to disinhibited behaviour. People's care plans highlighted staff's role in promoting their independence. One person described the support they had received from staff and management to move into their own transitional flat on site and to pursue a more independent lifestyle. They explained, "I love the fact that I've got a flat now and am more independent ... They [staff] helped me with my bus training; I can go to Hereford on the bus now!" Procedures were in place to ensure people's personal information held on site was stored securely and only accessed by authorised persons. People's relatives and friends could visit them whenever they chose, and staff supported people in maintaining valued relationships by, for example, arranging 'home visits' for people to spend time in their parental homes.

Is the service responsive?

Our findings

At our last inspection, we rated this key question as Good. At this inspection, we found people continued to receive personalised and responsive care. The rating remains Good.

People and their relatives told us the care and support provided at Hunters Lodge reflected people's individual needs and requirements. One person explained how their lifestyle at the home enabled them to spend plenty of time outdoors, tending to plants and relaxing in their shed in the home's garden. They spoke with pride about their contribution towards maintaining the garden and growing a range fruit and vegetables on site. A relative told us, "This is a lovely place. They take a tailored approach and look at their [people's] wants." They cited the installation of a covered ball-pit in the home's garden, in response to their loved one's needs, as an example of the person-centred care provided.

People's relatives felt involved in decision-making about their loved ones' care and support. The registered manager explained that, as part of this process, people's relatives were invited to attend annual care review meetings at the home. One relative told us, "I feel involved and have attended reviews." People's care plans were individual to them, provided staff with clear guidance on how to meet their care and support needs, and included details of how people had been involved in the care planning process. Staff confirmed they were given time to read people's care plans, and we saw them working in accordance with these as, for example, they supported people to move around their home and eat and drink safely. One staff member explained, "We [staff] have got access to them [care plans] whenever we need them. It's useful to go up to the office whenever I need to refresh myself." People's care files included information about their personal histories, preferences and interests to support staff in adopting a person-centred approach. In addition, people had each been allocated 'key workers': staff members with additional responsibilities to confirm individual needs and requirements were being met through spending time talking to people and their relatives.

People had support to participate in a range of social and recreational activities, based upon their interests and preferences. This included attendance at local social clubs, a music group and horticultural activity; pub trips; swimming sessions and horse-riding. One person described how much they enjoyed attending a particular social club and music group. A relative said, "The activities are incredible; they are always doing something." In planning activities, consideration was given to people's protected characteristics, including support for people to attend services at the cathedral and local church if they wished to do so.

People and their relatives were clear how to raise and concerns and complaints about the service provided, and had confidence these would be addressed. One person told us, "I could go to any member of staff. They are all there for me if I need them or am feeling low." Another person said, "I would speak to [key worker's name]; they would sort it out." A relative explained, "I would go to [registered manager] if I had any little niggles. I email her and she's very responsive." The provider had a complaints procedure in place to promote fair and consistent handling of any complaints and concerns. The registered manager confirmed they had not received any formal complaints regarding the service since our last inspection.

Is the service well-led?

Our findings

At our last inspection, we rated this key question as Good. At this inspection, we found standards of leadership, management and governance had been maintained. The rating for this key question remains Good.

During our inspection, we met with the registered manager of the service who was responsible for the day-to-day management of the home, with the support of the deputy manager. They spoke about their role with clear commitment and passion, and a good understanding of the duties and responsibilities associated with their registration with CQC.

People and their relatives spoke positively about the overall quality of the service and their relationship with the management team. One person told us, "This place has turned my life around ... [Registered manager] is amazing; she's so loving and caring. I love them all [staff] to bits!" A relative said, "I can only say what a wonderful job they [staff and management] are doing. Hunters Lodge is fantastic ... I hope [person's name] can stay there all their life. They are very, very contented." Another relative said, "I think [registered manager] is a delightful person. She wants the best for people, the staff and the home ... I think [person's name] is lucky to be there and is very happy." People's relatives described an open and inclusive culture within the service. One relative explained, "I'm never fobbed off and am always told the truth. I have one hundred percent faith in them [management team]." A social care professional spoke positively about their prior dealings with the management team and the extent to which the service had achieved positive outcomes for a person placed at the home. They told us, "[Registered manager] seems to take a very person-centred approach ... She is quite prompt in her communication, responsive and proactive."

Staff talked about their work at Hunters Lodge with clear enthusiasm. One staff member told us, "I really, really enjoy it [working at Hunter's Lodge]. It's just being able to support people and fulfil what they want to do." Staff felt well-supported and valued by an approachable management team who listened to them and were focused on the needs of the people living at the home. One staff member said, "I think it is very well run. It is service user led and they [people] are given the opportunity to be part of the community." The registered manager had created a number of 'champion' roles within the service to empower staff and encourage improvements in relation, for example, to the management of medicines and people's nutrition.

The management team took steps to encourage the involvement of people, their relatives and staff in the service. They achieved this by, amongst other things, organising regular 'house meetings' and staff meetings to consult with people and staff respectively on issues that affected them. The provider also distributed annual feedback surveys to relatives, staff and community professionals involved in people's care, analysing and responding to the feedback received. People were supported to access services and facilities within the local community, including the local theatre, horticultural college and festivals in the local area.

The provider had a quality assurance framework in place to enable them to monitor and, where necessary, improve the quality and safety of the care and support people received. This included routine in-house checks on the home's health and safety arrangements and quarterly audits on key aspects of the service,

including care planning and the management of medicines, by the registered manager or a manager from another of the provider's homes. The provider's internal quality team also conducted a yearly audit visit at the service. We saw action plans were drawn up following these quality assurance activities to drive improvement in the service.